


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90031 010 ****50.00

DOCUMENT # L05000110618	
1. Entity Name OLYMPIA TILE & MARBLE, L.L.C.	

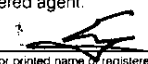
Principal Place of Business 10585 NOAH'S CIRCLE 322 NAPLES, FL 34116 US	Mailing Address 10585 NOAH'S CIRCLE 322 NAPLES, FL 34116 US
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2. Principal Place of Business - No P.O. Box # 1270 WILLOWOOD LAKES BLVD Suite, Apt. #, etc. 103	3. Mailing Address 1270 WILLOWOOD LAKES BLVD Suite, Apt. #, etc. 103
City & State NAPLES, FL	City & State NAPLES, FL
Zip 34109	Country U.S.A.

	
03242007 Chg-LLC	CR2E083 (12/06)
4. FEI Number 20-3827209	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required


6. Name and Address of Current Registered Agent ENE, ION 10585 NOAH'S CIRCLE 322 NAPLES, FL 34116	
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7. Name and Address of New Registered Agent Name ENE, ION Street Address (P.O. Box Number is Not Acceptable) 1270 WILLOWOOD LAKES BLVD. #103 City NAPLES FL Zip Code 34109	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.	ENE, ION 03/24/07 (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ENE, ION 10585 NOAH'S CIRCLE #322 NAPLES, FL 34116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM, ENE, ION 1270 WILLOWOOD LAKES BLVD. #103 NAPLES, FL 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	ENE, ION MANAGER 03/24/07 Date 2392494579 Daytime Phone #