

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
May 04, 2007 8:00 am
Secretary of State**

05-04-2007 90311 036 ****50.00

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DOCUMENT # L06000054615		
1. Entity Name SQUIRRELL TILE LLC		

Principal Place of Business 994 ISLAND GROVE DR. DELAND, FL 32724	Mailing Address 994 ISLAND GROVE DR. DELAND, FL 32724
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2. Principal Place of Business - No P.O. Box # 333 PARK DR	3. Mailing Address 333 PARK DR
Suite, Apt. #, etc. DELAND, FLA	Suite, Apt. #, etc. DELAND FLA

City & State DELAND, FLA	City & State DELAND FLA
Zip 32724	Country U.S.
Zip 32724	Country U.S.

6. Name and Address of Current Registered Agent MCCAIN, JERRY A 994 ISLAND GROVE DR. DELAND, FL 32724	7. Name and Address of New Registered Agent Name JERRY MCCAIN Street Address (P.O. Box Number is Not Acceptable) 333 PARK DR DELAND FLA
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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 Filing Fee is \$50.00 Due by May 1, 2007	(Signature, typed or printed name of registered agent and title if applicable) (NOTE Registered Agent signature required when reinstating)	DATE
		Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCAIN, JERRY A 994 ISLAND GROVE DR. DELAND, FL 32724	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR JERRY MCCAIN 333 PARK DR DELAND FLA 32724
<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
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<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		

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: 	JERRY MCCAIN 5-1-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date
	Daytime Phone #