

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90193 047 ****55.00

DOCUMENT # L06000060642
 1. Entity Name
 SEAGER TILE AND MARBLE LLC



Principal Place of Business Mailing Address
 7061 CATLETT RD 7061 CATLETT RD
 ST. AUGUSTINE FL 32095 ST. AUGUSTINE FL 32095

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 7061 Catlett RD 7061 Catlett RD
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 St Augustine FL St Aug FL
 Zip Country Zip Country
 32095 ST Johns 32095 ST Johns

4. FEI Number Applied For
 204976420 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required



1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent
 SEAGER, SHANNON
 7061 CATLETT RD
 ST. AUGUSTINE FL 32095

7. Name and Address of New Registered Agent
 Name Shannon Seager
 Street Address (P.O. Box Number is Not Acceptable) 7061 e Catlett RD
 City St Augustine FL Zip Code 32095

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 Shannon Seager DATE 4-26-07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SEAGER, SHANNON 7061 CATLETT RD ST. AUGUSTINE FL 32095 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Shannon Seager Date 4-26-07 Daytime Phone # 904-307-5200