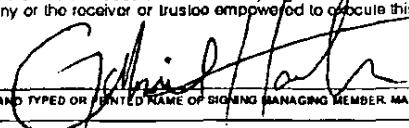


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 24, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90313 029 \*\*\*\*50.00

| <b>DOCUMENT # L06000064940-</b><br>1. Entity Name<br><b>COAST TO COAST TILE, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                       |                                 |                                                                         |                                                     |                                                                   | 5/1                          |  |  |                       |  |  |       |      |                                 |       |      |                                                                   |                |                          |  |                |  |  |                 |                                                       |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
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| Principal Place of Business<br><b>294 OLD HAWTHORNE ROAD<br/>HAWTHORNE FL 32640</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                       |                                 | Mailing Address<br><b>294 OLD HAWTHORNE ROAD<br/>HAWTHORNE FL 32640</b> |                                                                                                                                      |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |      |                                                                   |                |                          |  |                |  |  |                 |                                                       |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                       |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                               |                                                                                                                                      |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |      |                                                                   |                |                          |  |                |  |  |                 |                                                       |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                       |                                 | City & State                                                            |                                                                                                                                      |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |      |                                                                   |                |                          |  |                |  |  |                 |                                                       |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                       | Country                         |                                                                         | Zip                                                                                                                                  |                                                                   | Country                      |  |  |                       |  |  |       |      |                                 |       |      |                                                                   |                |                          |  |                |  |  |                 |                                                       |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| 4. FEI Number<br><b>26-5109902</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                       |                                 |                                                                         | Applied For<br><input type="checkbox"/> Not Applicable                                                                               |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |      |                                                                   |                |                          |  |                |  |  |                 |                                                       |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                 |                                                                         |                                                                                                                                      |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |      |                                                                   |                |                          |  |                |  |  |                 |                                                       |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| 6. Name and Address of Current Registered Agent<br><b>HORTON, GABRIEL Z<br/>294 OLD HAWTHORNE ROAD<br/>HAWTHORNE FL 32640</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                       |                                 |                                                                         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |      |                                                                   |                |                          |  |                |  |  |                 |                                                       |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |                                 |                                                                         |                                                                                                                                      |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |      |                                                                   |                |                          |  |                |  |  |                 |                                                       |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                       |                                 |                                                                         |                                                                                                                                      |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |      |                                                                   |                |                          |  |                |  |  |                 |                                                       |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>Gabriel Z. Horton</b></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><b>294 Old Hawthorne Rd.<br/>Hawthorne, Fla 32640</b></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </tbody> </table> |                                                       |                                 |                                                                         |                                                                                                                                      |                                                                   | 9. MANAGING MEMBERS/MANAGERS |  |  | 10. ADDITIONS/CHANGES |  |  | TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | <b>Gabriel Z. Horton</b> |  | STREET ADDRESS |  |  | CITY - ST - ZIP | <b>294 Old Hawthorne Rd.<br/>Hawthorne, Fla 32640</b> |  | CITY - ST - ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | CITY - ST - ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | CITY - ST - ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | CITY - ST - ZIP |  |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                       |                                 | 10. ADDITIONS/CHANGES                                                   |                                                                                                                                      |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |      |                                                                   |                |                          |  |                |  |  |                 |                                                       |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NAME                                                  | <input type="checkbox"/> Delete | TITLE                                                                   | NAME                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                              |  |  |                       |  |  |       |      |                                 |       |      |                                                                   |                |                          |  |                |  |  |                 |                                                       |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Gabriel Z. Horton</b>                              |                                 | STREET ADDRESS                                                          |                                                                                                                                      |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |      |                                                                   |                |                          |  |                |  |  |                 |                                                       |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>294 Old Hawthorne Rd.<br/>Hawthorne, Fla 32640</b> |                                 | CITY - ST - ZIP                                                         |                                                                                                                                      |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |      |                                                                   |                |                          |  |                |  |  |                 |                                                       |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                       | <input type="checkbox"/> Delete | TITLE                                                                   |                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                              |  |  |                       |  |  |       |      |                                 |       |      |                                                                   |                |                          |  |                |  |  |                 |                                                       |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                       |                                 | NAME                                                                    |                                                                                                                                      |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |      |                                                                   |                |                          |  |                |  |  |                 |                                                       |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                       |                                 | STREET ADDRESS                                                          |                                                                                                                                      |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |      |                                                                   |                |                          |  |                |  |  |                 |                                                       |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                 | CITY - ST - ZIP                                                         |                                                                                                                                      |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |      |                                                                   |                |                          |  |                |  |  |                 |                                                       |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                       | <input type="checkbox"/> Delete | TITLE                                                                   |                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                              |  |  |                       |  |  |       |      |                                 |       |      |                                                                   |                |                          |  |                |  |  |                 |                                                       |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                       |                                 | NAME                                                                    |                                                                                                                                      |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |      |                                                                   |                |                          |  |                |  |  |                 |                                                       |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                       |                                 | STREET ADDRESS                                                          |                                                                                                                                      |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |      |                                                                   |                |                          |  |                |  |  |                 |                                                       |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                 | CITY - ST - ZIP                                                         |                                                                                                                                      |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |      |                                                                   |                |                          |  |                |  |  |                 |                                                       |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                       | <input type="checkbox"/> Delete | TITLE                                                                   |                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                              |  |  |                       |  |  |       |      |                                 |       |      |                                                                   |                |                          |  |                |  |  |                 |                                                       |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                       |                                 | NAME                                                                    |                                                                                                                                      |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |      |                                                                   |                |                          |  |                |  |  |                 |                                                       |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                       |                                 | STREET ADDRESS                                                          |                                                                                                                                      |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |      |                                                                   |                |                          |  |                |  |  |                 |                                                       |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                 | CITY - ST - ZIP                                                         |                                                                                                                                      |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |      |                                                                   |                |                          |  |                |  |  |                 |                                                       |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |                                 |                                                                         |                                                                                                                                      |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |      |                                                                   |                |                          |  |                |  |  |                 |                                                       |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| <b>SIGNATURE:</b>  <b>Gabriel HORTON</b> <b>4/23/07</b> <b>352-481-4175</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                       |                                 |                                                                         |                                                                                                                                      |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |      |                                                                   |                |                          |  |                |  |  |                 |                                                       |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |