

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

9/13/2007-90016-031-\$55.00-\$55.00

|  |  |   |
|--|--|---|
| DOCUMENT # L06000068091                            |  |  |
| 1. Entity Name<br>TROY'S TILE & WOODFLOORING L.L.C |  |   |

|   |   |   |  |
|---|---|---|--|
| Principal Place of Business<br>305 SORRENTO DRIVE<br>OSPREY, FL 34229                                       | Mailing Address<br>305 SORRENTO DRIVE<br>OSPREY, FL 34229 |   |  |
| 2. Principal Place of Business - No P.O. Box #  | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                                       |   |  |
| City & State  | City & State  |   |  |
| Zip   | Country   |   |  |
| 6. Name and Address of Current Registered Agent<br>WENDLAND, TROY<br>305 SORRENTO DRIVE<br>OSPREY, FL 34229 |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |



07032007 Chg-LLC CR2E083 (12/06)

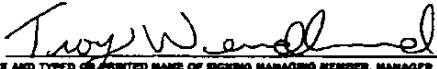
|                                  |                                     |                                   |
|----------------------------------|-------------------------------------|-----------------------------------|
| 4. FEI Number                    | 589323402                           | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> | \$5.00 Additional<br>Fee Required |

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<br><small>Signature, typed or printed name of registered agent and title if applicable.</small> | <small>(NOTE: Registered Agent signature required when remitting)</small> | DATE   |
| Filing Fee is \$50.00<br>Due by September 14, 2007  |   | Make check payable to<br>Florida Department of State |

|  |  |  |
|--|--|--|
| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>WENDLAND, TROY<br>305 SORRENTO DRIVE<br>OSPREY, FL 34229 | <input type="checkbox"/> Delete<br><input type="checkbox"/> Change <input type="checkbox"/> Addition<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete<br><input type="checkbox"/> Change <input type="checkbox"/> Addition<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete<br><input type="checkbox"/> Change <input type="checkbox"/> Addition<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete<br><input type="checkbox"/> Change <input type="checkbox"/> Addition<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
|  |  | <b>REINSTATEMENT</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

|  |  |                     |                                |
|--|--|---------------------|--------------------------------|
| SIGNATURE:  | <small>SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTIVE MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | <small>Date</small> | <small>Daytime Phone #</small> |
|--|--|---------------------|--------------------------------|