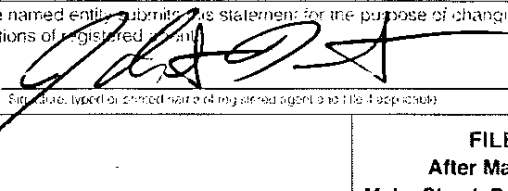
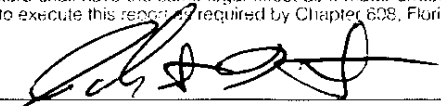


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90075 027 ***138.75

DOCUMENT # L06000082061 1. Entity Name KITCHEN & KITCHEN CUSTOM CERAMIC TILE & MARBLE, L.L.C.					
Principal Place of Business 4400 NW 39TH AVE. #413 GAINESVILLE FL 32606			Mailing Address 4400 NW 39TH AVE. #413 GAINESVILLE FL 32606		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 51-0598268 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/07)	
6. Name and Address of Current Registered Agent KITCHEN, JOHN S 21283 S US HWY 441 HIGH SPRINGS FL 32643				7. Name and Address of New Registered Agent Name John S Kitchen Street Address (P.O. Box Number is Not Acceptable) 310 NW 4th St City High Springs FL Zip Code 32643	
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 				DATE 1-23-08	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KITCHEN, JOHN S 5680 NE 52ND PL HIGH SPRINGS FL 32643	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Kitchen John S 310 NW 4th St High Springs FL 32643	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KITCHEN, DALE M 4400 NW 39TH AV 413 GAINESVILLE FL 32607	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - - - -	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - - - -	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - - - -	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - - - -	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - - - -	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - - - -	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - - - -	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 609, Florida Statutes.					
SIGNATURE: John S Kitchen 				DATE 1-23-08 (352) 225 1670	