


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/29/07

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90143 002 \*\*\*\*50.00

<b>DOCUMENT # L06000085161</b> 1. Entity Name <b>J &amp; M TILE SERVICE, LLC</b>					
Principal Place of Business <b>2224 PELICAN DRIVE SARASOTA, FL 34237</b>			Mailing Address <b>2224 PELICAN DRIVE SARASOTA, FL 34237</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number <div style="font-size: 1.2em; font-weight: bold;">20-5488301</div>
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>ROBERTS, DON E 3212 SOUTH GATE CIRCLE SARASOTA, FL 34239</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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's signature required when reappointing) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR/M Victor Gonzalez 2224 Pelican Drive Sarasota, FL 34237</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b> <u>Victor Gonzalez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>1/26/07</u> <u>(941)5862570</u> <small>Date Deverne Phone #</small>		