

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000093987

FILED
Aug 31, 2007
Secretary of State

Entity Name: HAWAIIAN STYLE TILE LLC

Current Principal Place of Business:

4296 LUAWANA DR
SARASOTA, FL 34241 US

New Principal Place of Business:

Current Mailing Address:

4296 LUAWANA DR
SARASOTA, FL 34241 US

New Mailing Address:

FEI Number: 16-1775216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNES, ROBYN
4296 LUAWANA DR
SARASOTA, FL 34241 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BARNES, ROBERT
Address: 4296 LUAWANA DR
City-St-Zip: SARASOTA, FL 34241 US

Title: MGRM () Delete
Name: BARNES, ROBYN
Address: 4296 LUAWANA DR
City-St-Zip: SARASOTA, FL 34241 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: IVES, STEPHANIE I
Address: 4296 LUAWANA DR
City-St-Zip: SARASOTA, FL 34241 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROBYN BARNES

MGRM

08/31/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date