

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

ATX1

FILED

07 SEP 26 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000109270

1. Entity Name

PEBBLES AND PAVERS LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11001 SE Sunset Harbor Rd Suite, Apt. # etc.		3. Mailing Address PO BOX 746 Suite, Apt. #, etc.	
City & State Summerfield, FL 34491		City & State WEIRSDALE, FL	Country
Country		Zip 32195-0746	Country

4. FEI Number 41-2223777	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required
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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name BRENDA L RANKIN	
Street Address (P.O. Box Number is Not Acceptable) 11001 SE SUNSET HARBOR RD #4	
City SUMMERFIELD	Zip Code FL 34491

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.

800109899628
09/25/07--01042--013 **50.00

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE: \$50.00 State Check Payable to Department of State 09/25/07	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRENDA L RANKIN 11001 SE SUNSET HARBOR RD SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUSSELL C. RANKIN JR. 11001 SE SUNSET HARBOR RD SUMMERFIELD, FL 34491
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: Brenda L Rankin MGRM 9/14/07 (352) 753-8900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CFR 093B (12/02)