
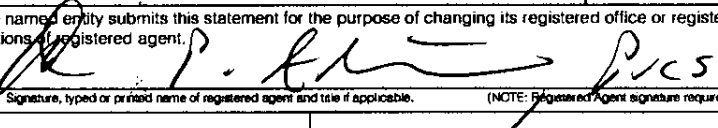
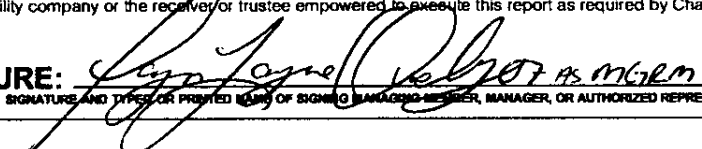


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90339 011 \*\*\*\*50.00

<b>DOCUMENT # L06000114807</b> 1. Entity Name <b>ROBERT BLAIR LAYNE ROOF TILE DELIVERY, LLC</b>					
Principal Place of Business <b>22731 SW 55TH WAY</b> <b>BOCA RATON, FL 33433 US</b>			Mailing Address <b>22731 SW 55TH WAY</b> <b>BOCA RATON, FL 33433 US</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 <b>20-5965757</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>UNITED STATES CORPORATION AGENTS, INC.</b> <b>1111 LINCOLN ROAD</b> <b>SUITE 400</b> <b>MIAMI BEACH, FL 33139</b>			7. Name and Address of New Registered Agent Name <b>HOWARD P. ALTERMAN, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>325 S. DIXIE HWY, SUITE # 1</b> City <b>LAKE WORTH</b> <b>FL</b> Zip Code <b>33460</b>		
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 signature required when reappointing) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>HORNING, STEPHANIE B</b> <b>22731 SW 55TH WAY</b> <b>BOCA RATON, FL 33433</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>Alterman, Vicki</b> <b>22731 SW 55th way</b> <b>BOCA RATON, FL 33433</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>LATCHFORD, JUSTIN R</b> <b>22731 SW 55TH WAY</b> <b>BOCA RATON, FL 33433</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>OWSLEY, TARYN L</b> <b>22731 SW 55TH WAY</b> <b>BOCA RATON, FL 33433</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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> 			<b>4/4/07</b> <b>561-305-5903</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		