

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90064 003 ****55.00

DOCUMENT # L98000001618

1. Entity Name
TITAN STONE, TILE & MASONRY OF FLORIDA, L.L.C.



Principal Place of Business
**730 NW 7TH STREET
FORT LAUDERDALE, FL 33311**

Mailing Address
**730 NW 7TH STREET
FORT LAUDERDALE, FL 33311**

40033100



01052006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0866051	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BLAIR, JAMES
730 NW 7TH STREET
FORT LAUDERDALE, FL 33311**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FARINA, JOSEPH L
STREET ADDRESS	730 NW 7TH STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311

TITLE	MGR
NAME	FARINA, JOSEPH JR
STREET ADDRESS	730 NW 7TH STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311

Resigned - PLEASE REMOVE

TITLE	MGR
NAME	BLAIR, JAMES
STREET ADDRESS	730 NW 7TH STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____

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

President

4/12/06 (954) 316-0272

Date

Daytime Phone #