


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000026414 1. Entity Name UPGRADE TILE & MARBLE LLC	
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Principal Place of Business 26005 EAST COLONIAL DRIVE CHRISTMAS FL 32709	Mailing Address 26005 EAST COLONIAL DRIVE CHRISTMAS FL 32709
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	



1st MOORE CR2E083 (10/04)

Zip	Country	Zip	Country
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4. FEI Number 35-2185062	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ARNOLD, MATHENY & EAGAN, P.A. 801 N. MAGNOLIA AVENUE, STE. 201 ORLANDO FL 32802	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL 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 signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME	MGRM ROWE, JOELLEN <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	26005 E. COLONIAL DR	STREET ADDRESS	U00000364561
CITY-ST-ZIP	CHRISTMAS FL 32709	CITY-ST-ZIP	05/09/05-80001-001 50.00
TITLE NAME	MGRM ROWE, LARRY <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	26005 E. COLONIAL DR	STREET ADDRESS	
CITY-ST-ZIP	CHRISTMAS FL 32709	CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Joellen Rowe 5-1-05 407-668-061
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #