

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90026 024 ****50.00

24039777



DOCUMENT # L01000004659 1. Entity Name J. T. TILE LOADERS, L.L.C.			
Principal Place of Business 1901 8TH AVE. E. BRADENTON, FL 34208 US		Mailing Address 1901 8TH AVE. E. BRADENTON, FL 34208 US	
2. Principal Place of Business 7820 Buckeye Road Suite, Apt. #, etc.		3. Mailing Address 7820 Buckeye Road Suite, Apt. #, etc.	
City & State Palmetto, FL Zip 34221		City & State Palmetto, FL Zip 34221	
Country U.S.A.		Country U.S.A.	
4. FEI Number 22-3824933		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 QUINLAN, JOHN V ESQ. 601 12TH STREET WEST BRADENTON, FL 34205		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 _____			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TREJO, SONIA 1901 8TH AVE E BRADENTON, FL 34208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7820 Buckeye Road Palmetto, FL 34221 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TREJO, JUNN 1901 8TH AVE E BRADENTON, FL 34208+ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7820 Buckeye Road Palmetto, FL 34221 <input checked="" 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
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 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: <i>Sonia Trejo</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		4-9-04 (94) 720-1818 Date Daytime Phone #	