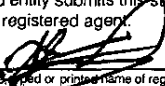
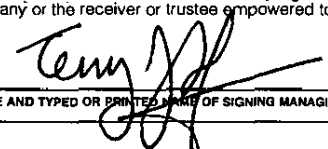


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90112 029 ****50.00

DOCUMENT # L01000009524 1. Entity Name GEM-TILES, L.L.C.					
Principal Place of Business 404 SUNPORT LANE SUITE 100 ORLANDO, FL 32809			Mailing Address 404 SUNPORT LANE SUITE 100 ORLANDO, FL 32809		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-3724981			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			04212004 Chg-LLC CR2E083 (10/03)		
6. Name and Address of Current Registered Agent CLOUGH, SYLVIA B 404 SUNPORT LANE STE 100 ORLANDO, FL 32809			7. Name and Address of New Registered Agent Name Nessim, Albert E. Street Address (P.O. Box Number is Not Acceptable) 404 Sunport Lane, Suite 100 City Orlando FL Zip Code 32809		
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  DATE 4/28/04 (NOTE: Registered Agent signature required when reinstating)					
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 NESSIM, ALBERT E 2815 DIRECTORS ROW STE 900 ORLANDO, FL 32809	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 404 Sunport Lane, Suite 100 Orlando, FL 32809	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLOUGH, SYLVIA B 2815 DIRECTORS ROW STE 900 ORLANDO, FL 32809	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ 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: 			Date 4/22/04 Daytime Phone # 407-251-5484		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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