


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90207 019 ****50.00

DOCUMENT # L01000015617	
1. Entity Name TILE-4-LESS, LLC	

Principal Place of Business 1315 TUSKAWILLA ROAD SUITE 109 WINTER GARDEN, FL 32708 WINTER SPRINGS, FL 32708	Mailing Address 1315 TUSKAWILLA ROAD SUITE 109 WINTER GARDEN, FL 32708 WINTER SPRINGS
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DO NOT WRITE IN THIS SPACE

01112004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3751308	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

WOODS, JONATHAN D ESQ.
425 W. COLONIAL DR
ORLANDO, FL 32804

**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.

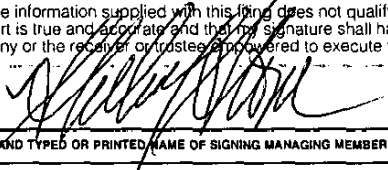
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SLONE, SHELDON J 1315 TUSKAWILLA ROAD WINTER SPRINGS, FL 32708
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**DO NOT WRITE
IN THIS SPACE**

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: 	✓ 1/12/04 407-388-3737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #