2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000015617

1. Entity Name TILE-4-LESS, LLC



Principal Place of Business

1315 TUSKAWILLA ROAD

SUITE 109

WINTER SPRINGS, FL 32708

Mailing Address

1315 TUSKAWILLA ROAD SUITE 109

WINTER SPRINGS, FL 32708

04262005 No Chg-LLC

CR2E083 (10/03)

FILED

May 02, 2005 8:00 am Secretary of State

05-02-2005 90087 004 ****50.00

4. FEI Number 59-3751308 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

ORLANDO: FL 32804-

indicated on this report is true and accuratimited liability company or the receiver of

WOODS, JONATHAN DESQ. Sheldow & Slower 425W. GOLONIAL DR ORLANDO FL 22004 ORLANDO FL 22004 waten 5/65 cl 32308

DO NOT WRITE IN THIS SPACE

Margment 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 registers SIGNATURE Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS TITLE SLONE, SHELDON J NAME STREET ADDRESS 1315 TUSKAWILLA ROAD WINTER SPRINGS, FL 32708 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY+ST-7IP qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information paymave the same legal effect as if made under oath; that I am a managing member or manager of the this port as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supplied with