# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 26, 2007**
**Secretary of State**

DOCUMENT# L02000000514

**Entity Name:** TILE FASHIONS, LLC

**Current Principal Place of Business:**

4030 WAKE FOREST RD.
SUITE 300
RALEIGH, NC 27609 US

**New Principal Place of Business:**

**Current Mailing Address:**

4030 WAKE FOREST RD.
SUITE 300
RALEIGH, NC 27609 US

**New Mailing Address:**

**FEI Number: 01-0564322** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KNIGHT, JEFFERSON P
777 BRICKELL AVE., STE. 1070
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

KNIGHT, JEFFERSON P
999 PONCE DE LEON BLVD.
STE. 510
MIAMI, FL 33134 US

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.

SIGNATURE: JEFFERSON P. KNIGHT 02/26/2007
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

| | | |
|---|---|---|
| Title: | MGR | ( ) Delete |
| Name: | APPLICABLE, NOT | |
| Address: | 4030 WAKE FOREST RD., SUITE 300 | |
| City-St-Zip: | RALEIGH, NC 27609 US | |
| Title: | MGR | ( ) Delete |
| Name: | APPLICABLE, NOT | |
| Address: | 4030 WAKE FOREST RD., SUITE 300 | |
| City-St-Zip: | RALEIGH, NC 27609 US | |
| Title: | MGR | ( ) Delete |
| Name: | APPLICABLE, NOT | |
| Address: | 4030 WAKE FOREST RD., SUITE 300 | |
| City-St-Zip: | RALEIGH, NC 27609 US | |
| Title: | MGRM | ( ) Delete |
| Name: | HOWARD, GREG | |
| Address: | 4030 WAKE FOREST RD., SUITE 300 | |
| City-St-Zip: | RALEIGH, NC 27609 US | |
| Title: | MGR | ( ) Delete |
| Name: | HOWARD, MERCEDES V | |
| Address: | 4030 WAKE FOREST RD., SUITE 300 | |
| City-St-Zip: | RALEIGH, NC 27609 US | |
| Title: | MGR | ( ) Delete |
| Name: | APPLICABLE, NOT | |
| Address: | 4030 WAKE FOREST RD., SUITE 300 | |
| City-St-Zip: | RALEIGH, NC 27609 US | |

**ADDITIONS/CHANGES:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GREG A. HOWARD MEMB 02/26/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date