

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000009079

Entity Name: TILE BY UNIVERSAL, LLC

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

880 N.E. 79TH STREET
MIAMI, FL 33138

New Principal Place of Business:

6650 N.E. 4 AVENUE
MIAMI, FL 33138

Current Mailing Address:

880 N.E. 79TH STREET
MIAMI, FL 33138

New Mailing Address:

6650 N.E. 4 AVENUE
MIAMI, FL 33138

FEI Number: 65-0708041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IGNORATO, UGO
880 N.E. 79TH STREET
MIAMI, FL 33138 US

Name and Address of New Registered Agent:

IGNORATO, UGO
6650 N.E. 4 AVENUE
MIAMI, FL 33138 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: UGO IGNORATO

04/28/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: D () Delete
Name: IGNOTATO, VIGO
Address: 10 NE 97TH ST
City-St-Zip: MIAMI SHORES, FL 33138

Title: D () Delete
Name: WEINSTOCK, JONATHAN
Address: 880 NE 79TH ST
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: IGNORATO, UGO
Address: 10 NE 97TH ST
City-St-Zip: MIAMI SHORES, FL 33138

Title: MGR (X) Change () Addition
Name: WEINSTOCK, JONATHAN
Address: 880 NE 79TH ST
City-St-Zip: MIAMI, FL 33138

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JONATHON WEINSTOCK

MGR

04/28/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date