


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000016814 1. Entity Name TILE OUTLETS OF AMERICA, FLORIDA LLC	
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Principal Place of Business 13460 DANIELS COMMERCE BLVD. FORT MYERS, FL 33912	Mailing Address 3845 HOLCOMB BRIDGE RD STE 100 NORCROSS, GA 30092
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DO NOT WRITE IN THIS SPACE

03302005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 01-0730273	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent AGENTS AND CORPORATION, INC. 773 4TH AVE N STE E NAPLES, FL 34102	DO NOT WRITE IN THIS SPACE
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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.

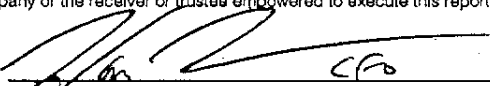
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$50.00 Due by May 1, 2005	000000285598 04/02/05-80051-014 55.00
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RAPP, CURT 3845 HOLCOMB BRIDGE RD #100 NORCROSS, GA 30092
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ARONIN, DONALD 3845 HOLCOMB BRIDGE RD #100 NORCROSS, GA 30092
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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:  **4/1/2005** **770-416 2266**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #