

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90282 010 \*\*\*\*50.00

<b>DOCUMENT # L03000000554</b> 1. Entity Name TILE IT, LLC			
Principal Place of Business 301A MEARS BLVD. OLDSMAR, FL 34677		Mailing Address 301A MEARS BLVD. OLDSMAR, FL 34677	
2. Principal Place of Business Suite, Apt. #, etc. <b>16617 US HIGHWAY 19</b> City & State <b>HOUSTON TX</b> Zip <b>34667</b>		3. Mailing Address Suite, Apt. #, etc. <b>508 PINE AVE S</b> City & State <b>OLDSMAR FL</b> Zip <b>34677</b>	
4. FEI Number <b>59-3766839</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SHAW, BILLY M</b> <b>550 N. REO STREET, SUITE 300</b> <b>TAMPA, FL 33609-1013</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____			
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS / MANAGERS</b>		<b>10. ADDITIONS / CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>MANAGER</b> <b>MARK HOWE</b> <b>508 PINE AVE S.</b> <b>OLDSMAR, FL 34677</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> 		Date <b>04/06/04</b> Daytime Phone # <b>813-855-2961</b>	

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