

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90151 040 ****50.00

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1. Entity Name
TILE & WOOD LLC

Principal Place of Business
**7015 8TH COURT EAST
 SARASOTA FL 34243
 US**

Mailing Address
**7015 8TH COURT EAST
 SARASOTA FL 34243
 US**

44000001



MOORE CR2E083 (4/04)

2. Principal Place of Business
**942 47th St.
 Sarasota, Fl.**

3. Mailing Address
Same

City & State
34234 US.

City & State

4. FEI Number
20-0411436

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHOTT, MATTHEW J
 7015 8TH COURT E
 SARASOTA FL 34243**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 *Matthew Schott*

DATE **8-15-04**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
 Due By September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** Delete
 NAME **SCHOTT, MATTHEW J**
 STREET ADDRESS **7015 8TH COURT E**
 CITY-ST-ZIP **SARASOTA FL 34243**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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: *Matthew Schott*

DATE **8-15-04**

DAYTIME PHONE # **9413556888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #