


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000044958 1. Entity Name ROBERT JONES CERAMIC TILE, LLC	
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Principal Place of Business 334 SAN CRISTOBAL AVENUE PUNTA GORDA FL 33983	Mailing Address 334 SAN CRISTOBAL AVENUE PUNTA GORDA FL 33983
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2. Principal Place of Business	3. Mailing Address	1st MOORE	CR2E083 (10/04)
Suite, Apt #, etc.	Suite, Apt #, etc.	4. FEI Number 20-0480706	
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

JONES, ROBERT
334 SAN CRISTOBAL AVENUE
PUNTA GORDA FL 33983

7. Name and Address of New Registered Agent

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM JONES, ROBERT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	334 SAN CRISTOBAL AVENUE	NAME	
STREET ADDRESS	PUNTA GORDA FL 33983	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  **4-15-05** **991-209-2444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #