2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# L03000048717

Entity Name: TILE DESIGNS LLC

Current Principal Place of Business:

24 OWEN DR.
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

24 OWEN DR.
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 87-0714950 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OWEN, MATTHEW J
24 OWEN DR.
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: OWEN, MATTHEW J MANAGER
Address: 24 OWEN DR.
City-St-Zip: CRAWFORDVILLE, FL 32307

Title: MGRM (X) Delete
Name: GRAY, BENJAMIN D MEMBER
Address: 9322 COURTNEY LN.
City-St-Zip: TALLAHASSEE, FL 32305

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MATTHEW JAY OWEN MGR 04/30/2005

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