


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L03000049601 1. Entity Name STRADTMAN TILE LLC	
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Principal Place of Business 4721 HIDDEN LAKES PORT ORANGE, FL 32129	Mailing Address 4721 HIDDEN LAKES PORT ORANGE, FL 32129
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DO NOT WRITE IN THIS SPACE



04222005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 77-0627393	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent STRADTMAN, WILLIAM E 4721 HIDDEN LAKES PORT ORANGE, FL 32129

**DO NOT WRITE
IN THIS SPACE**

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.

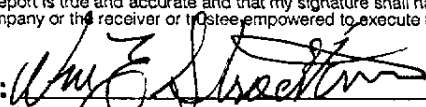
SIGNATURE:  DATE: 4/29/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	000000355739 05/04/05-80007-004 50.00
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STRADTMAN, WILLIAM E 4721 HIDDEN LAKES PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STRADTMAN, BRADLEY E 4721 HIDDEN LAKES PORT ORANGE, FL 32129
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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)(f), 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:  William E. Stradtmann 4/29/05 386 8710551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #