


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90112 049 ****50.00

DOCUMENT # L03000052577	
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1. Entity Name
CONTEMPORARY TILE DESIGNS LLC

Principal Place of Business 5142 LOCKHART RD BROOKSVILLE, FL 34602 US	Mailing Address 5142 LOCKHART RD BROOKSVILLE, FL 34602 US
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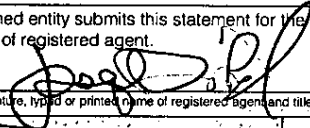
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2. Principal Place of Business		3. Mailing Address		04262004	Chg-LLC	CR2E083 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 20-0482637	Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent DIPASQUALE, JOSEPH 5142 LOCKHART RD BROOKSVILLE, FL 34602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 reinstalling) DATE: 4/30/2004

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DIPASQUALE, JOSEPH 5142 LOCKHART RD BROOKSVILLE, FL 34602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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.

SIGNATURE:  DATE: 4/30/2004 DAYTIME PHONE: 813 598 1505