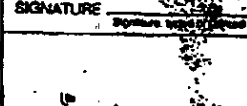


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

4/12

FILED
Jun 07, 2004 8:00 am
Secretary of State

04-12-2004 90033 012 ****50.00

DOCUMENT # L03000055018			
1. Entity Name BJ ROSE TILE CO., LLC			
Principal Place of Business 311 STUDENT DRIVE ORLANDO FL 32826		Mailing Address 311 STUDENT DRIVE ORLANDO FL 32826	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent ROSE, BOBBY JACK 311 STUDENT DRIVE ORLANDO FL 32826		4. FEI Number 42-1614132	
5. Name and Address of New Registered Agent		Applied For ☐ Not Applicable	
6. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		7. Name and Address of New Registered Agent	
Name Bobby Jack Rose		Street Address (P.O. Box Number is Not Acceptable) 3111 Student Dr.	
City Orlando		FL 32826	
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 reappointing.			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bobby Jack Rose 3111 Student Dr Orlando FL 32826 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 605, Florida Statutes.			
SIGNATURE: Bobby Jack Rose		4/4/04 321 689-3576	
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

34000174



MOORE CR2E083 (11/03)