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

J4UU0174

MOORE CR2E083 (11/03)

Principal Place of Business	Mailing Address
31) STUDENT DRIVE ORLANDO FL 32826	31) 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. FEI Number 42-1614132 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BOSE, BOBBY JACK
311 STUDENT DRIVE
ORLANDO FL 32826

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 Zip Code: 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 _____ DATE

(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR/MM Bobby Jack Rose 5-6-04 3111 Student Dr Orlando FL 32826	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS / CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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 608, Florida Statutes.

SIGNATURE: Bobby Jack Rose 4/4/04 321 689-3576

SIGNATURE AND TYPED OR PRINTED NAME OF MGR/MM MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #