

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90119 029 ****55.00

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

15840 State Road 50 W.

Suite, Apt. #, etc.

Clermont FL

City & State

34711

Zip

Country

U.S.A.

3. Mailing Address

15840-17 State Road 50 W.

Suite, Apt. #, etc.

Clermont FL

City & State

34711

Zip

Country

U.S.A.

20020144



1st MOORE

CR2E083 (10/04)

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

ROSE, BOBBY JACK
3111 STUDENT DRIVE
ORLANDO FL 32826

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME ROSE, BOBBY JACK
STREET ADDRESS 3111 STUDENT DRIVE
CITY-ST-ZIP ORLANDO FL 32826

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME Rose, Bobby Jack
STREET ADDRESS 15840-17 State Road 50 W.
CITY-ST-ZIP Clermont FL 34711

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

3-21-05 321 689-3576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #