


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90132 001 \*\*\*150.00

DOCUMENT # L03000057263	
1. Entity Name CORY'S TILE & MARBLE LLC	

Principal Place of Business 3311 SO ATLANTIC AV NEW SMYRNA BEACH, FL 32169	Mailing Address 3311 SO ATLANTIC AV NEW SMYRNA BEACH, FL 32169
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30005147



2. Principal Place of Business <i>400 Lincoln Av</i>	3. Mailing Address <i>400 Lincoln Av</i>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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04262005 Chg-LLC CR2E083 (10/03)

City & State <i>New Smyrna Beach, FL</i>	City & State <i>New Smyrna Beach, FL</i>	4. FEI Number <i>20-0526418</i>	Applied For Not Applicable
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Zip <i>32169</i>	Country	Zip <i>32169</i>	Country	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 MC GINNIS, CORY 3311 SO ATLANTIC AV NEW SMYRNA BEACH, FL 32169		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>400 Lincoln Av</i> City <i>New Smyrna Beach, FL</i> Zip Code <i>32169</i>	
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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 *Cory Ginnis*  
Signature of the individual or corporate officer authorized to file this statement. (SOLE Registered Agent signature required when applicable) DATE

Filing Fee is \$50.00  
Due by May 1, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM MC GINNIS, CORY <input type="checkbox"/> Delete 3311 SO ATLANTIC AV NEW SMYRNA BEACH, FL 32169
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>400 Lincoln Av, New Smyrna Beach, FL 32169</i>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Cory Ginnis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE