

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004476

**FILED**  
**Mar 16, 2006**  
**Secretary of State**

**Entity Name:** ACCENT TILE, L.L.C.

**Current Principal Place of Business:**

1670 SE MADISON STREET  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

1670 SE MADISON STREET  
STUART, FL 34997

**New Mailing Address:**

**FEI Number:** 65-0550021

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PASTROVICCHIO, FRED  
1670 SE MADISON STREET  
STUART, FL 34997 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PASTROVICCHIO, FRED  
Address: 1670 SE MADISON STREET  
City-St-Zip: STUART, FL 34997

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FRED PASTROVICCHIO

MGRM

03/16/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date