


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000004512 1. Entity Name ROBERT PAIANO TILE CO., LLC	
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FILED

05 JAN -7 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 211 EMMETT WHALEY RD. CRAWFORDVILLE, FL 32327	Mailing Address 211 EMMETT WHALEY RD. CRAWFORDVILLE, FL 32327
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01072005 Chg-LLC CR2E083 (10/03)

4. FEI Number 35222998	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent PAIANO, ROBERT 211 EMMETT WHALEY RD. CRAWFORDVILLE, FL 32327	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-size: small;"> 200044676172 01/13/05-01029-001 **50.00 FL Zip Code </div>
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE: MGRM <input type="checkbox"/> Delete NAME: PAIANO, ROBERT STREET ADDRESS: 211 EMMETT WHALEY RD. CITY-ST-ZIP: CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete
TITLE: <i>Robert Paiano</i> <input type="checkbox"/> Delete NAME: <i>Robert Paiano</i> STREET ADDRESS: <i>211 Emmett Whaley Rd.</i> CITY-ST-ZIP: <i>Crawf. Fla. 32327</i>	<input type="checkbox"/> Delete
TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Delete STREET ADDRESS: <input type="checkbox"/> Delete CITY-ST-ZIP: <input type="checkbox"/> Delete	<input type="checkbox"/> Delete
TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Delete STREET ADDRESS: <input type="checkbox"/> Delete CITY-ST-ZIP: <input type="checkbox"/> Delete	<input type="checkbox"/> Delete
TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Delete STREET ADDRESS: <input type="checkbox"/> Delete CITY-ST-ZIP: <input type="checkbox"/> Delete	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <i>Jonathan Christopher</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <i>Jonathan Christopher</i> STREET ADDRESS: <i>163 Ross Rd. Falls, Fla.</i> CITY-ST-ZIP: <i>Managing Member</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Robert Paiano* 1-7-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date