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**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90040 023 \*\*\*\*50.00

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L04000004800</b>			
1. Entity Name <b>PAUL GURCIULLO CERAMIC TILE LLC</b>			
Principal Place of Business <b>20 EAST PRESTON ST ORLANDO, FL 32804</b>		Mailing Address <b>20 EAST PRESTON ST ORLANDO, FL 32804</b>	
2. Principal Place of Business <b>1827 COLLEEN PL.</b> Suite, Apt. #, etc.		3. Mailing Address <b>1827 COLLEEN PL.</b> Suite, Apt. #, etc.	
City & State <b>ORLANDO, FL 32809</b>		City & State <b>ORLANDO, FL.</b>	
Zip <b>32809</b>	Country <b>U.S.A.</b>	Zip <b>32809</b>	Country <b>U.S.A.</b>
6. Name and Address of Current Registered Agent <b>GURCIULLO, PAUL 20 EAST PRESTON ST ORLANDO, FL 32804</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b>	
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 <u><i>Paul Gurciullo</i></u> DATE <u><b>4-20-05</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GURCIULLO, PAUL 20 EAST PRESTON ST ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAUL Gurciullo 1827 COLLEEN PL ORLANDO, FL 32809 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <u><i>Paul Gurciullo</i></u> DATE <u><b>4-20-05</b></u> DAYTIME PHONE # <u><b>904-612-1002</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			