2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# L04000006911

Entity Name: ORLANDO TILE CRAFTERS, "LLC"

Current Principal Place of Business:

203 PORTSTEWART DR.
ORLANDO, FL 32828 US

New Principal Place of Business:

348 CYPRESS LANDING DR.
LONGWOOD, FL 32779 US

Current Mailing Address:

203 PORTSTEWART DR.
ORLANDO, FL 32828 US

New Mailing Address:

348 CYPRESS LANDING DR.
LONGWOOD, FL 32779 US

FEI Number: 58-2682638 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOLEN, ROGER J
203 PORTSTEWART DR.
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

NOLEN, ROGER J
348 CYPRESS LANDING DR.
LONGWOOD, FL 32779 US

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: _____ 04/28/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: NOLEN, ROGER J
Address: 203 PORTSTEWART DR.
City-St-Zip: ORLANDO, FL 32828 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: NOLEN, ROGER J
Address: 348 CYPRESS LANDING DR.
City-St-Zip: LONGWOOD, FL 32779 US

Title: MGRM ( ) Change (X) Addition
Name: NOLEN, SHARI L
Address: 348 CYPRESS LANDING DR.
City-St-Zip: LONGWOOD, FL 32779 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROGER J NOLEN MGR 04/28/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date