


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90217 022 \*\*\*\*50.00

<b>DOCUMENT #</b> L04000012180	
1. Entity Name <b>TILE SYSTEMS, LLC</b>	

<b>Principal Place of Business</b> 9168 COMMONWEALTH AVE JACKSONVILLE FL 32220	<b>Mailing Address</b> 9168 COMMONWEALTH AVE JACKSONVILLE FL 32220
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2. Principal Place of Business - No P.O. Box # <b>11715 Brady Road</b> Suite, Apt. #, etc. <b>Jacksonville, FL</b> City & State	3. Mailing Address <b>11715 Brady Road</b> Suite, Apt. #, etc. <b>Jacksonville, FL</b> City & State
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1st MOORE CR2E083 (10/06)

Zip <b>32223</b>	Country <b>Duval</b>	Zip <b>32223</b>	Country <b>Duval</b>
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4. FEI Number <b>20-0741239</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. Name and Address of Current Registered Agent <b>HAMPTON, JOSEPH T</b> <b>9168 COMMONWEALTH AVE</b> <b>JACKSONVILLE FL 32220</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HAMPTON, JOSEPH T 9168 COMMONWEALTH AVE JACKSONVILLE FL 32220 <input type="checkbox"/> Delete	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"/> 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 exemptions contained in Section 119, 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:** Joseph T. Hampton Joseph T. Hampton 2/24/07 904 703 4583  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #