


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 12, 2005 8:00 am
Secretary of State

09-12-2005 90122 007 ****55.00

DOCUMENT # L04000012850		
1. Entity Name CREATIVE TILE & MARBLE II, LLC		

Principal Place of Business 107 BEACONS BENO ROAD CRESTVIEW FL 32536	Mailing Address 107 BEACONS BENO ROAD CRESTVIEW FL 32536
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2nd MOORE CR2E083 (5/05)

4. FEI Number 593271190		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BEAUREGARD, SIDNEY B III 548 MARY ESTHER CUTOFF SUITE 18 FORT WALTON BEACH FL 32548		7. Name and Address of New Registered Agent Name: Brian D. Howard Street Address (P.O. Box Number is Not Acceptable) 107 Beacons Bend Rd. City: Crestview FL Zip Code: 32536	

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 Brian Howard [Signature] 9-4-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 7, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEAN, HOWARD B 107 BEACONS BENO ROAD CRESTVIEW FL 32536 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Brian Howard [Signature] 9-4-05 850-685-6540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #