



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90058 013 ****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	
2. Principal Place of Business - No P.O. Box # 1017 Julia Ave. Suite, Apt. #, etc.		3. Mailing Address 1017 Julia Ave. Suite, Apt. #, etc.	
City & State Niceville, FL Zip Country 32578 USA		City & State Niceville, FL Zip Country 32578 USA	
4. FEI Number 59-3271190		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		01082007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent HOWARD, BRIAN D 107 BEACONS BEND RD CRESTVIEW, FL 32536		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2007		Make check payable to Florida Department of State	
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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DEAN, HOWARD B 1017 JULIA AVE NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" 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 exemptions contained in Chapter 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: 		1-8-07 850-685-6540	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	