2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Apr 24, 2006 08:00 AM Secretary of State DOCUMENT # L04000014813 MANNION TILE, L.L.C. Principal Place of Business Mailing Address 1480 JAMES STREET 1480 JAMES STREET NEW SMYRNA BEACH, FL 32168 NEW SMYRNA BEACH, FL 32168 04172006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 15-5500330 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MACK, JAMES E DO NOT WRITE 1321 SAXON DRIVE NEW SMYRNA BEACH, FL 32168 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Benistered Accest stoneture required when minstation) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGR TILE MANNION, JOHN NAME STREET ADDRESS 1480 JAMES STREET UQQQQQ531529 CITY-ST-7IP NEW SMYRNA BEACH, FL 32168 05/06/06-80046-025 W. W. TITLE STREET ADDRESS CITY -ST - ZIP TITE F STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CDY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 AND THEO OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: