2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

| ANNUAL REPORT (AR)  |                   |   |                                       |   | STORT FILED  |
|---|-------------------|---|---------------------------------------|---|--|
| DOCUMENT # L04000030088  1. Entity Name   |                   |   |                                       |   | DIVISION OF CORPORATIONS   |
| EXCLUSIVE TILE, L.L.C.  |                   | ·.                                      | [1                                    |   | 05 NCT 21 AV.  |
|   |                   |   |                                       |   | 05 OCT 21 AM 10: 52  |
| Principal Plac  | e of Business     | Mailing Address                         | · · ·                                 |   |  |
| 802 WOODLAND AVENUE 802 WOODLAND AVENUE   |                   |   | NUE                                   | ઇક્ષ                                    |  |
| LEESBURG FL 34748 LEESBURG FL 34748   |                   |   |                                       |   |  |
|   |                   |   |                                       |   |  |
| 2. Principal P  | Place of Business | 3. Mailing Address                      | 3. Mailing Address                    |   | The state of the s |
| Suite, Apt. #, etc.   |                   | Suite, Apt. #, etc.                     |                                       |   | 2nd MOORE CR2E083 (5/05)   |
| City & State  |                   | City & State                            |                                       |   | 4. FEI Number  |
| Zip   | Country           | Zip                                     | Zip Country                           |   | 5. Certificate of Status Desired \$5.00 Additional Fee Required  |
| 8. Name and Address of Current Registered Agent   |                   |   |                                       |   | 7. Name and Address of New Registered Agent  |
| N   |                   |   |                                       |   |  |
| GEIGER=HEAD, TINA 802 WOODLAND AVENUE LEESBURG FL 34748   |                   |   |                                       | Street Address (                        | P.O. Box Number is Not Acceptable)   |
|   | .3BUNG 1 E 347 40 |   | _                                     |   |  |
|   |                   |   |                                       | 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. Lam 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 reinstating) ( ) IDATE  |                   |   |                                       |   |  |
| FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By September 7, 2005   |                   |   |                                       |   |  |
| 9.  | MANAGING MEMB     | Secretarian a franchiscal and alexander | 10.                                   | નનું ભાષનીમાર્કેટ હેલ્લું કર્યું કહ્યું | ADDITIONS/CHANGES  |
| TATLE   | MANAGEL           | Delete *                                | · · · · · · · · · · · · · · · · · · · |   | ☐ Change ☐ Addition  |
| NAME  | TIMA HEAD         |   | NAME                                  |   | 300059903503<br>09/23/0501053- <sub>5</sub> 016 **50.00  |
| STREET ADDRESS CITY-ST-ZIP  | 862 WUDDLAND AU   |   | 1                                     | T ADDRESS<br>ST-ZIP                     | <b>09</b> /23/0501053-;016 **50.00   |
| TITLE   | LEES BURG 7L 34   | ) <b>4.₽</b> ☐ Delete                   | TITLE                                 | 31-21                                   | ☐ Change ☐ Additio   |
| NAME  | <br>              | Delete                                  | NAME                                  |   | · · · -  |
| STREET ADDRESS  |                   |   |                                       | T ADDRESS                               | ·300059903503<br>09/23/0501053017 **5.00   |
| CITY-ST-ZIP   |                   |   |                                       | ST- ZIP                                 |  |
| NAME -  |                   | Delete                                  | TITLE<br>NAME                         |   | ☐ Change ☐ Addition  |
| STREET ADDRESS.   | <b>-</b>          |   |                                       | T ADDRESS                               |  |
| CITY-ST-ZIP   |                   |   | CITY-                                 | ST-ZIP                                  | ,  |
| THE   |                   | ☐ Delete                                | TITLE                                 |   | ☐ Change ☐ Addition  |
| NAME<br>STREET ADDRESS  |                   |   | NAME<br>STREE                         | T ADDRESS                               |  |
| CHY-ST-ZIP  |                   |   |                                       | ST-ZIP                                  |  |
| TITLE   |                   | ☐ Delete                                | TITLE                                 |   | ☐ Change ☐ Additio   |
| NAME  |                   | ,                                       | NAME                                  |   |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |                   |   |                                       | ST-ZIP                                  |  |
| TITLE   | <del> </del>      | . Delete                                | TOTLE                                 |   | ☐ Change ☐ Additio   |
| NAME  |                   | · 🗀 Doloic                              | NAME                                  |   | _ onengy   |
| STREET ADDRESS  |                   |   |                                       | T ADDRESS                               |  |
| CITY-ST-ZIP   |                   | La Alia Elia a de e e e e e e e e e e   | _ L                                   | ST-ZIP                                  | 440 07(0V) Florida Ostano 15 de a 200 de 200 |
| 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 accurage 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |                   |   |                                       |   |  |
| SIGNATURE: /u 2 1/11/05 636-8006  |                   |   |                                       |   |  |
| SIGNATURE: 1/11/05 636-8006   |                   |   |                                       |   |  |