

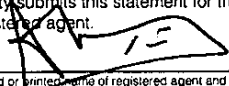
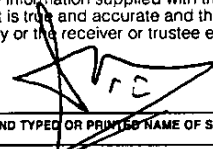


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90119 016 ****55.00

DOCUMENT # L04000033608 1. Entity Name ADALBERTO JARAMILLO TILE & MARBLE, LLC					
Principal Place of Business 495 BRIAR BAY CIRCLE ORLANDO, FL 32825 US			Mailing Address 495 BRIAR BAY CIRCLE ORLANDO, FL 32825 US		
2. Principal Place of Business ORANGE Suite, Apt. #, etc. 495 BRIAR BAY CIR		3. Mailing Address 495 BRIAR BAY CIR Suite, Apt. #, etc.			
City & State ORLANDO - FL		City & State ORLANDO - FL		4. FEI Number 495-94-1658	
Zip 32825		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JARAMILLO, ADALBERTO 495 BRIAR BAY CIRCLE ORLANDO, FL 32825				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  ADALBERTO JARAMILLO - MANAGER - I-24-2005					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JARAMILLO, ADALBERTO 495 BRIAR BAY CIRCLE ORLANDO, FL 32825 <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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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:  ADALBERTO JARAMILLO - MANAGER 4-24-08 407-9284517 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					