

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045786

FILED
May 16, 2005
Secretary of State

Entity Name: TRAVIS ROGERS TILE, LLC.

Current Principal Place of Business:

302 SANTA ROSA BLVD.
APT. 16
FORT WALTON BEACH, FL 32548 US

New Principal Place of Business:

406A CARMEL DRIVE
FORT WALTON BEACH, FL 32547 US

Current Mailing Address:

302 SANTA ROSA BLVD.
APT. 16
FORT WALTON BEACH, FL 32548 US

New Mailing Address:

406A CARMEL DRIVE
FORT WALTON BEACH, FL 32547 US

FEI Number: 42-7451558 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ROGERS, TRAVIS W
302 SANTA ROSA BLVD.
APT. 16
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

ROGERS, TRAVIS W
406A CARMEL DRIVE
FORT WALTON BEACH, FL 32547 US

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.

SIGNATURE:

05/16/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ROGERS, TRAVIS W
Address: 302 SANTA ROSA BLVD.
City-St-Zip: FORT WALTON BEACH, FL 32548 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROGERS, TRAVIS W
Address: 406A CARMEL DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: TRAVIS W ROGERS

MGRM

05/16/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date