


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90030 042 ****50.00

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|---|---|
| DOCUMENT # L04000055141 1. Entity Name UNIVERSAL TILE RESTORATION SOUTH, LLC |  |
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| Principal Place of Business 4720 N.W. 2ND AVENUE SUITE D-103 BOCA RATON, FL 33487 | Mailing Address 4720 N.W. 2ND AVENUE SUITE D-103 BOCA RATON, FL 33487 |
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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



03242006 Chg-LLC CR2E083 (11/05)

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| 4. FEI Number 20-1478241 | Applied For Not Applicable |
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| 5. Certificate of Status Desired -- <input type="checkbox"/> \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SCHWARTZ, HOWARD 621 N.W. 53RD. STREET SUITE 390 BOCA RATON, FL 33487 |
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| 7. Name and Address of New Registered Agent Name <u>Ari Shahar</u> Street Address (P.O. Box Number is Not Acceptable) <u>4720 NW 2nd Avenue D103</u> City <u>Boca Raton</u> FL Zip Code <u>33487</u> |
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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.

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| SIGNATURE <u>[Signature]</u> Signature, typed and printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | DATE <u>4-21-06</u> |
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| Filing Fee is \$50.00 Due by May 1, 2006 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SHAHAR, ARI 4720 N.W. 2ND. AVENUE BOCA RATON, FL 33487 <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 | MGRM RUDA, MARTIN 1210 STIRLING ROAD DANIA, FL 33004 <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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| 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 |

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.

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| SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date <u>4-21-06</u> | Daytime Phone # <u>561-488-2425</u> |
|--|---------------------|-------------------------------------|