



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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|--|---|---------|--|--|---|---|--|
| DOCUMENT # L04000055491 | | | |  | | <div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="font-size: 1.2em;">07 APR 12 AM 9:15</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> | |
| 1. Entity Name TILE BY ERIC SHIELDS, LLC | | | | Principal Place of Business 5404 GROVE VALLEY RD. TALLAHASSEE, FL 32303 | | | |
| 2. Principal Place of Business - No P.O. Box # | | | | Mailing Address 5404 GROVE VALLEY RD. TALLAHASSEE, FL 32303 | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | |
| City & State | | | | City & State | | | |
| Zip | | Country | | Zip | | Country | |
| 6. Name and Address of Current Registered Agent SHIELDS, ERIC 5404 GROVE VALLEY RD. TALLAHASSEE, FL 32303 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div> | | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS / MANAGERS | | | | 10. ADDITIONS / CHANGES | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SHIELDS, ERIC 5404 GROVE VALLEY RD. TALLAHASSEE, FL 32303 <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 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:  | | | | Date: 4/12/07 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | | | |