

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036682

Entity Name: LEE TILE DESIGNS, LLC

FILED  
Apr 26, 2006  
Secretary of State

## Current Principal Place of Business:

505 NORTH ECHO DRIVE  
LAKE ALFRED, FL 33850

## New Principal Place of Business:

505 NORTH ECHO DRIVE  
LAKE ALFRED, FL 33850 US

## Current Mailing Address:

505 NORTH ECHO DRIVE  
LAKE ALFRED, FL 33850

## New Mailing Address:

505 NORTH ECHO DRIVE  
LAKE ALFRED, FL 33850 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: LEE, KEVIN  
Address: 505 NORTH ECHO DRIVE  
City-St-Zip: LAKE ALFRED, FL 33850

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition  
Name: LEE, KEVIN  
Address: 505 NORTH ECHO DRIVE  
City-St-Zip: LAKE ALFRED, FL 33850

Title: D ( ) Change (X) Addition  
Name: LEE, KEVIN  
Address: 505 NORTH ECHO DRIVE  
City-St-Zip: LAKE ALFRED, FL 33850

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: KEVIN D. LEE

MGRM

04/26/2006

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