
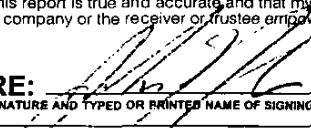


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90071 037 ****50.00

DOCUMENT # L05000039025 1. Entity Name TILE CONCEPTS LLC					
Principal Place of Business 16907 RIDGEWOOD AVENUE MONTVERDE, FL 34756			Mailing Address 16907 RIDGEWOOD AVENUE MONTVERDE, FL 34756		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1248522	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MUSTOE, JODI K 240 LOOKOUT PLACE COX & ROUSE, P.A. MAITLAND, FL 32751			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NELSON, JOHN 16907 RIDGEWOOD AVENUE MONTVERDE, FL 34756	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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.					
SIGNATURE:  JOHN NELSON					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date 1/07/06 Daytime Phone #					

H- 407-469-2088
C- 407-383-1033

ATTACHMENT
20003114
#L05000039025
COX & ROUSE, P.A.

ATTORNEYS AT LAW

KEEWIN LEXINGTON PARK
240 LOOKOUT PLACE
MAITLAND, FLORIDA 32751

E-mail: jodi@coxandrouse.com

PAMELA J. COX
JODI K. MUSTOE
MICHAEL D. ROUSE*

TELE: (407) 644-5225
FAX: (407) 644-2866

*Board Certified In
Workers' Compensation

January 23, 2006

Florida Department of State
Division of Corporations
PO Box 6478
Tallahassee, FL 32314

RE: Tile Concepts LLC

Dear Sir/Madam:

Enclosed for filing is a completed 2006 Limited Liability Company Annual Report along with check number 6087 in the amount of \$50.00. Should you have any questions or comments, please do not hesitate to contact me.

Sincerely,



Jodi K. Mustoe

JKM:gcr
Enclosures
cc: John Nelson