

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State

07-10-2006 90104 030 ****50.00

DOCUMENT # L05000106252 1. Entity Name ALTERNATE TILE SOLUTIONS LLC					
Principal Place of Business 5508 ORIENT ROAD LOT A TAMPA, FL 33610			Mailing Address 5508 ORIENT ROAD LOT A TAMPA, FL 33610		
2. Principal Place of Business 207 Glendale St <small>Suite, Apt. #, etc.</small>		3. Mailing Address SAME <small>Suite, Apt. #, etc.</small>			
City & State Lakeland FL		City & State Lakeland FL		4. FEI Number 57-1225938	
Zip 33803		Zip 33803		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
6. Name and Address of Current Registered Agent CORDES, ROBERT AUGUST 5508 ORIENT ROAD LOT A TAMPA, FL 33610			7. Name and Address of New Registered Agent 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 <u>Robert August Cordes</u> <u>Robert August Cordes</u> <u>7-05-06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORDES, ROBERT AUGUST 5508 ORIENT ROAD LOT A TAMPA, FL 33610	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	307 GLENDALE ST LAKELAND FL 33803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	307 GLENDALE ST LAKELAND FL 33803	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	307 GLENDALE ST LAKELAND FL 33803	<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: <u>Robert August Cordes</u> <u>Robert August Cordes</u> <u>813-928-7096</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					