

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 18, 2007 8:00 am
Secretary of State

04-27-2007 90029 048 ****50.00

DOCUMENT # L05000106252 1. Entity Name ALTERNATE TILE SOLUTIONS LLC					
Principal Place of Business 207 GLENDALE ST LAKELAND, FL 33803			Mailing Address 207 GLENDALE ST LAKELAND, FL 33803		
2. Principal Place of Business - No P.O. Box # 1225 Sweeney Rd		3. Mailing Address 1225 Sweeney Rd			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State RUSKIN FL		City & State RUSKIN FL		4. FEI Number 57-1225938	
Zip 33570		Zip 33570		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04202007 Chg-LLC CR2E083 (12/06)	
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ 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 CORDES, ROBERT AUGUST 207 GLENDALE ST LAKELAND, FL 33803	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.			1225 Sweeney Rd RUSKIN, FL 33570		
SIGNATURE:			5-15-07 928 7096		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		