2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000066351

FILED Jul 07, 2008 8:00 am Secretary of State 07-07-2008 90072 004 ***138.75

Daytene Phone #

| CREÁTIV | E TILE WORKS, LLC | | | | | | |
|--|---|--|---|--|--|---|-----------------------------|
| Principal Place of Business 1026 PEAKVIEW DRIVE PENSACOLA, FL 32514 US | | Mailing Address 1026 PEAKVIEW DRIVE PENSACOLA, FL 32514 US | | | 50007945 | | |
| | Place of Business - No P.O. Box # Peakview Drive #, etc. | 3. Mailing Address Per Suite, Apt. #, etc. | ukview Dr | 7022008 | Chg-LLC | CR2E083 (12/06) | |
| Pens | acola, FL | City & State Pensacole Zip | | 4. FEI Numb | -0408451 | No | oplied For ot Applicable |
| 325 | 6. Name and Address of Current | 32514 | Country | | e of Status Desired Address of New Re | □ \$5.00 Add Fee Require egistered Agent | |
| REDDING, JAMESON E 1026 PEAKVIEW DRIVE PENSACOLA, FL 32514 | | | City | | antz Per is Not Acceptable View D | rive Zip Cod | θ , |
| 8. The above the obligat | named entity submits this statement for ions of registered agent. Submitted to printed name of registered agent. | PHONN Sch | egistered office or regis | | oth, in the State of Flor | rida. I am familiar with. 6-24-C DATE | 514 and accept |
| | E NOW!!! FEE IS \$138.75 by September 12, 2008 | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | | | Make check payable to Florida Department of State | | |
| 9. | MANAGING MEMBE | RS/MANAGERS | 10. | | ADDITIONS/ | CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM REDDING, JAMESON E 1026 PEAKVIEW DRIVE PENSACOLA, FL 32514 | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition |
| TITLE NAME Street Address City-St-Zip | MGR SCHANTZ, RYAN L 1015 PEAKVIEW DRIVE PENSACOLA, FL 32514 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | VIII | ☐ Change | Addition |
| HITLE NAME Street adoress City-St-Zip | MGR LOVETTO, JOSEPH 8418 KLONDIKE ROAD PENSACOLA, FL 32526 | ☐ Deleta | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition |
| TITLE Name Street address City-St-Zip | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition |
| IITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addilion |
| NTLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-S1-ZIP | | | ☐ Change | ☐ Addition |
| 1. I hereby condition indicated limited liat | ertify that the information supplied with on this reports true and accurate and bility company or the receiver or trustee | this filing does not qualify for the that my signature shall have the empowered to execute this re | ne exemptions containe e same legal effect as i port as required by Cha | ed in Chapter 119, if made under oath apter 608, Florida (| Florida Statutes. I furt ; that I am a managir Statutes. | ther certify that the informs member or manager | rmation r of the |

Wheat & Rouse, CPA 4475 WOODBINE ROAD, SUITE 7 PACE, FL 32571 (850) 995-4050 OFFICE (850) 994-8773 FAX

ATTACHMENT 50007945-# C07000046357

July 2, 2008

Division of Corporation P.O. Box 6478 Tallahassee, FL 32314

RE: Creative Tile Works, LLC.

The client has requested that I respond to the enclosed notice on their behalf. Creative Tile Works, LLC did not willfully neglected to send in 2008 annual Report. The Registered Agent and Principal Manager took a job out of state and did not forward business information to the remaining partners. Enclosed is the current form and payment.

In view of the circumstances we respectfully request that you relieve the client of the penalties that have been applied to their account. If you have any questions, please contact me at (850) 995-4050 or by FAX at (850) 994-8773.

Sincerely,

Margaret F. Howard, EA