


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000050838
 1. Entity Name
EDWARDS FLOOR COVERING LLC



Principal Place of Business 2465 HARVARD ROAD DELAND, FL 32724 US	Mailing Address 2465 HARVARD ROAD DELAND, FL 32724 US
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02092006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0471308	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

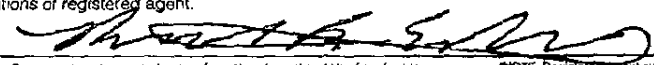
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**EDWARDS, RONALD B
 2465 HARVARD ROAD
 DELAND, FL 32724**

DO NOT WRITE IN THIS SPACE

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:  DATE: **4-17-06**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EDWARDS, RONALD B 2465 HARVARD ROAD DELAND, FL 32724
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 05/04/06-80064-017 50.00

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #