

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028430

Entity Name: BROWN FLOORING LLC

FILED  
Jul 05, 2005  
Secretary of State

**Current Principal Place of Business:**

312 BAYLISS CT.  
PENSACOLA, FL 32505

**New Principal Place of Business:**

**Current Mailing Address:**

312 BAYLISS CT.  
PENSACOLA, FL 32505

**New Mailing Address:**

FEI Number: 76-0755887      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BROWN, TRACY  
312 BAYLISS CT.  
PENSACOLA, FL 32505      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: BROWN, TRACY  
Address: 312 BAYLISS CT.  
City-St-Zip: PENSACOLA, FL 32505

Title: MGR      ( ) Delete  
Name: BROWN, JAY  
Address: 4365 WEST 5480 SOUTH  
City-St-Zip: WEST VALLEY, UT 84120

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TRACY BROWN

MGR

07/05/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date