


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000065580 1. Entity Name TOWN & COUNTRY FLOORING LLC	
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Principal Place of Business 2427 ENTERPRISE ROAD ORANGE CITY FL 32763 US	Mailing Address 2427 ENTERPRISE ROAD ORANGE CITY FL 32763 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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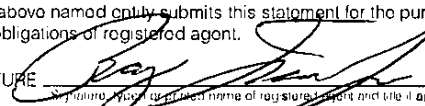
1st MOORE CR2E083 (10/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number 22-3916299	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent UNITED STATES CORPORATION AGENTS, INC. 1111 LINCOLN RD SUITE 400 MIAMI BEACH FL 33139	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: 2-6-07

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM FRANCESKINO, RAYMOND D 2427 ENTERPRISE ROAD ORANGE CITY FL 32763	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	U00000629855 02/19/07-80016-024 150.00	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE: 2-6-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #