

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Sep 12, 2007
Secretary of State**

DOCUMENT# L06000120473

Entity Name: ALL FLOORS - PROFESSIONAL INSTALLATIONS, LLC

Current Principal Place of Business:

585 SHADOW GLENN PLACE
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 744
GOLDENROD, FL 32733

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)
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:

WOOD-SYKES, JODI L
585 SHADOW GLENN PLACE
WINTER SPRINGS, FL 32708 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:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: SYKES, STEVEN G
Address: 585 SHADOW GLENN PLACE
City-St-Zip: WINTER SPRINGS, FL 32708

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

Title: MGRM () Delete
Name: WOOD-SYKES, JODI L
Address: 585 SHADOW GLENN PLACE
City-St-Zip: WINTER SPRINGS, FL 32708

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JODI L. WOOD-SYKES

MGMR

09/12/2007

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