2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000001494

1. Entity Name
MASLAND CARPETS, LLC

Principal Place of Business	Mailing Address
185 SOUTH INDUSTRIAL BLVD CALHOUN, GA 30701	185 SOUTH INDUSTRIAL BLVD CALHOUN, GA 30701

DO NOT WRITE IN THIS SPACE

01212004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
51-0460748

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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
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, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DEMPSEY, KENNETH L
STREET ADDRESS	716 BILL MYLES DR.
CITY-ST-ZIP	SARALAND, AL 36571
TITLE	MGR
NAME	HARMON, GARY A
STREET ADDRESS	185 SOUTH INDUSTRIAL BLVD
CITY-ST-ZIP	CALHOUN, GA 30701
TITLE	MGR
NAME	LASATER, D. EUGENE
STREET ADDRESS	185 SOUTH INDUSTRIAL BLVD
CITY-ST-ZIP	CALHOUN, GA 30701
TITLE	MGR
NAME	DAVIS, W. DEREK
STREET ADDRESS	185 SOUTH INDUSTRIAL BLVD
CITY-ST-ZIP	CALHOUN, GA 30701
TITLE	MGR
NAME	WRIGHT, GREG
STREET ADDRESS	716 BILL MYLES DR
CITY-ST-ZIP	SARALAND, AL 36571
TITLE	MGR
NAME	KLEIN, STARR T
STREET ADDRESS	345-B NOWLIN LANE
CITY-ST-ZIP	CHATTANOOGA, TN 37421

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11. I hereby certify that the information supplied with this filing does not qualify 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 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: William Edwards 1/26/04 (706) 625-7989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #