

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000006516

1. Entity Name

TROPICANA HARDWOOD FLOORING, LLC



Principal Place of Business

10429 S.E. 158TH PLACE
SUMMERFIELD, FL 34491 US

Mailing Address

10429 S.E. 158TH PLACE
SUMMERFIELD, FL 34491 US



04262006 No Chg-LLC

CR2E063 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3651127

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIVENS, JOHN T
10429 S.E. 158TH PLACE
SUMMERFIELD, FL 34491

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

UD00000548937
05/12/06-80083-022 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GIVENS, JOHN T
10429 S.E. 158TH PLACE
SUMMERFIELD, FL 34491

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:

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

4-28-06 352-279-0883

Date

Daytime Phone #