

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Aug 26, 2004 8:00 am**  
**Secretary of State**

08-26-2004 90061 008 \*\*\*\*50.00



<b>DOCUMENT # L01000007650</b>	
1. Entity Name <b>DISCOUNT CARPET WAREHOUSE, LLC</b>	
Principal Place of Business <b>780 N TAMIAMI TR NOKOMIS FL 34275</b>	Mailing Address <b>780 N TAMIAMI TR NOKOMIS FL 34275</b>
2. Principal Place of Business <b>105 A Colonia Ln EAST</b> Suite, Apt. #, etc.	3. Mailing Address <b>105 A Colonia Ln. EAST</b> Suite, Apt. #, etc.
City & State <b>Nokomis FL</b>	City & State <b>Nokomis, FL</b>
Zip <b>34275</b> Country	Zip <b>34275</b> Country



MOORE CR2E083 (4/04)

4. FEI Number <b>65-1103922</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>PREWETT, DANIEL L 5777 BENEVA ROAD SOUTH SARASOTA FL 34233</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 8, 2004**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE <b>MGRM</b>	<input type="checkbox"/> Delete	TITLE <b>MGRM</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WHITTINGTON, RANDALL</b>		NAME <b>Whittington, Randall</b>	
STREET ADDRESS <b>780 N TAMIAMI TR</b>		STREET ADDRESS <b>3736 ACORN ST.</b>	
CITY-ST-ZIP <b>NOKOMIS FL 34275</b>		CITY-ST-ZIP <b>NORTH PORT, FL 34286</b>	
TITLE <b>MGRM</b>	<input type="checkbox"/> Delete	TITLE <b>MGRM</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WHITTINGTON, BRENDA</b>		NAME <b>Whittington, Brenda</b>	
STREET ADDRESS <b>780 N TAMIAMI TR</b>		STREET ADDRESS <b>3736 ACORN ST.</b>	
CITY-ST-ZIP <b>NOKOMIS FL 34275</b>		CITY-ST-ZIP <b>NORTH PORT, FL 34286</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:** **RANDALL WHITTINGTON** 8-23-04 941-926-1367  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #