

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013193

FILED
Jul 03, 2005
Secretary of State

Entity Name: FLORIDA FLOOR CARE CENTERS, LLC

Current Principal Place of Business:

2454 MCMULLEN BOOTH RD
#308
CLEARWATER, FL 33759

New Principal Place of Business:

Current Mailing Address:

2454 MCMULLEN BOOTH RD
#308
CLEARWATER, FL 33759

New Mailing Address:

4509 MCCULLOUGH
SAN ANTONIO, TX 78212

FEI Number: 59-3736123 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

FRICKERT, STEVEN D
5852 SEA FOREST DR., APT. 426
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

TIMMONS, ROBERT L
4509 MCCULLOUGH
SAN ANTONIO, FL 78212 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: ROBERT TIMMONS

07/03/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM (X) Delete
Name: FICKERT, STEVEN D
Address: 11838 MCAULEY ST.
City-St-Zip: ARLINGTON, TN 38002

Title: MGRM () Delete
Name: MOSSBACHER, STEVE
Address: 4 SUGAR HILL CT.
City-St-Zip: MANCHESTER, MO 63021

Title: MGRM () Delete
Name: TIMMONS, ROBERT
Address: 21117 HARVEST HILLS
City-St-Zip: SAN ANTONIO, TX 78258

Title: MGRM () Delete
Name: PETERS, ALBERT
Address: 14 BROOKLINE DR.
City-St-Zip: AIKEN, SC 29803

Title: MGRM () Delete
Name: HOGWOOD, ROBERT
Address: 224 COUNTY ROAD 515
City-St-Zip: COMO, MI 38619

Title: MGRM () Delete
Name: COWARD, JIMMY
Address: 17804 SUSAN RIDGE
City-St-Zip: WILDWOOD, MO 63038

ADDITIONS/CHANGES:

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

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

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

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

Title: MGRM (X) Change () Addition
Name: HOGWOOD, PENNY
Address: 224 COUNTY ROAD 515
City-St-Zip: COMO, MI 38619

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT TIMMONS

MGRM

07/03/2005

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