

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013193

FILED
Apr 13, 2006
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:

4509 MCCULLOUGH
SAN ANTONIO, TX 78212

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

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, PENNY
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: () 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 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: ROBERT TIMMONS

MGR

04/13/2006

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