

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L01000013781

FILED
Aug 21, 2006
Secretary of State

Entity Name: FLAGLER FLOORCOVERINGS & SUPPLIES LLC

Current Principal Place of Business:

604-5 E MOODY BLVD.
BUNNELL, FL 32110

New Principal Place of Business:

15 CYPRESS BRANCH WAY
SUITE 207E
PALM COAST, FL 32164

Current Mailing Address:

PO BOX 2672
BUNNELL, FL 32110

New Mailing Address:

FEI Number: 04-3643852

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARPER, JAMES L JR.
604-5 E. MOODY BLVD.
PO BOX 2672
BUNNELL, FL 32110 US

Name and Address of New Registered Agent:

HARPER, MARGARET J
3861 CR 2006
PO BOX 1077
BUNNELL, FL 32110 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: MARGARET J HARPER

08/21/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HARPER, JAMES L
Address: 604-5 E MOODY BLVD.
City-St-Zip: BUNNELL, FL 32110

Title: MGRM () Delete
Name: HARPER, JAMES L SR
Address: PO BOX 1077
City-St-Zip: BUNELL, FL 32110

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HARPER, MARGARET J
Address: PO BOX 1077
City-St-Zip: BUNNELL, FL 32110

Title: MGRM (X) Change () Addition
Name: HARPER, JAMES L SR
Address: PO BOX 1077
City-St-Zip: BUNNELL, FL 32110

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: MARGARET J HARPER

MGRM

08/21/2006

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