

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90026 026 ***138.75

DOCUMENT # L02000025813

1. Entity Name
ULTIMATE FLOORS, L.L.C.



Principal Place of Business
**SUNRISE CORPORATE PLAZA ONE
1300 SAWGRASS CORPORATE PKWY, STE. 300
SUNRISE, FL 33323-2804**

Mailing Address
**SUNRISE CORPORATE PLAZA ONE
1300 SAWGRASS CORPORATE PKWY, STE. 300
SUNRISE, FL 33323-2804**

00030310



04142008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 32-0045267 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

**GALLOWAY, AMY J ESQ.
1700 EAST LAS OLAS BLVD, PENTHOUSE 1
FT. LAUDERDALE, FL 33301
110 SE 6TH STREET
15TH FLOOR
FORT LAUDERDALE, FL 33301**

**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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|---|
| TITLE | MGRM |
| NAME | BULLINGTON, DOUGLAS W |
| STREET ADDRESS | 1300 SAWGRASS CORPORATE PARKWAY, STE. 300 |
| CITY-ST-ZIP | SUNRISE, FL 333232804 |

| | |
|----------------|---|
| TITLE | MGRM |
| NAME | TROMER, KEVIN |
| STREET ADDRESS | 1300 SAWGRASS CORPORATE PARKWAY, STE. 300 |
| CITY-ST-ZIP | SUNRISE, FL 333232804 |

| | |
|----------------|---|
| TITLE | MGR |
| NAME | GARCELL, CARIDAD |
| STREET ADDRESS | 1300 SAWGRASS CORPORATE PARKWAY, STE. 300 |
| CITY-ST-ZIP | SUNRISE, FL 333232804 |

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| TITLE | |
| NAME | |
| STREET ADDRESS | |
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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 608, Florida Statutes.

SIGNATURE: Caridad Sanchez

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

4-14-08

Date

954-331-4812

Daytime Phone #