2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000028107

1. Entity Name
THE SOUTH'S FINEST FLOORING, LLC

Principal Place of Business	Mailing Address
1835 S.E. HIDEAWAY CIRCLE PORT ST. LUCIE, FL 34952	1835 S.E. HIDEAWAY CIRCLE PORT ST. LUCIE, FL 34952

DO NOT WRITE IN THIS SPACE

04082004No Chg-LLC CR2E083 (10/03)

4. FEI Number
54-2090143
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MUHLEISEN, JOSEPH R
1835 S.E. HIDEAWAY CIRCLE
PORT ST. LUCIE, FL 34952

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MUHLEISEN, JOSEPH R
STREET ADDRESS	1835 S.E. HIDEAWAY CIRCLE
CITY-ST-ZIP	PORT ST. LUCIE, FL 34957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
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CITY-ST-ZIP	

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04/19/04-80040-014 50.00

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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: X Jack Muhleisen X 4-14-04 772 770 9062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #