FILED
Apr 24, 2006 8:00 am
Secretary of State
04-05-2006 90020 019 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000033751

1. Entity Name
ARDEX OF SOUTH FLORIDA, LLC

Principal Place of Business	Mailing Address
2150 BYBERRY RD PHILADELPHIA, PA 19116	4147 NORTH DIXIE HWY POMPANO BEACH, FL 33064

DO NOT WRITE IN THIS SPACE

03062006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
42-1574773

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOLDMAN, FRED
6911 WEST CHESTER CIR
BRADENTON, FL 34202

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 _____ 4/18/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ARDEX LABORATORIES, INC.
STREET ADDRESS	2050 BYBERRY RD
CITY-ST-ZIP	PHILADELPHIA, PA 19116
TITLE	VP
NAME	GOLDMAN, STEVE
STREET ADDRESS	2050 BYBERRY ROAD
CITY-ST-ZIP	PHILADELPHIA, PA 19116
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: _____ 4/18/06 215 698 0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #