


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
05 APR 25 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000014938					
1. Entity Name NORTH FLORIDA - SOUTH GEORGIA HARDWOOD FLOORS, LLC					
Principal Place of Business 4464 WIDGEON WAY TALLAHASSEE, FL 32303			Mailing Address PO BOX 1205 TALLAHASSEE, FL 32302-1205		
2. Principal Place of Business 1210 Coleman Street		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tallahassee		City & State		4. FEI Number 41-2092777	
Zip 32301		Country Leon, USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VEAL, SANDRA G 4464 WIDGEON WAY TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent Name: Jason Veal Street Address (P.O. Box Number is Not Acceptable): 1210 Coleman St. City: Tall FL Zip Code: 32301		
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: <i>Jason M. Veal</i> DATE: 4-15-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VEAL, JASON M PO BOX 1205 TALLAHASSEE, FL 32302		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Jason M. Veal</i>			Date: 4-15-05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		