2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 08, 2005 08:00 AM Secretary of State

ANNUAL REPORT			Mar 08, 2005 08:00 A	
DOCUMENT # L03000019485 1. Entity Name HARRINGTON FLOORS, LLC			Secretary of State	
Principal Plac 3 EAST GREI LEHIGH, FL			JJUSTYTU WIJ TRIGE INN RETH GERK BRIV, BRIEK NOM WIK GOOK LEKEN KNEWL KU KEN	
DO NOT WRITE IN THIS SPACE		01032005 No Chg-LLC		
6. Name and Address of Current Registered Agent HARRINGTON, PAUL T 3 EAST GREENS CIRCLE LEHIGH, FL 33972			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 Sunature. Typed or printed name of registered agent and title it applicable. (NOTE Registered Agent signature required when reinstaling) DATE Filling Fee is \$50.00 Due by May 1, 2005				
P. JITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBERS/MANAGERS MGRM HARRINGTON, PAUL T 790 PARKWOOD AVE ANNAPOLIS, MD 21403		100000255715 03/08/05-80025-020 50.00 DO NOT WRITE IN THIS SPACE	
NAME STREET ADDRESS				

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PHUL TO HARROWED TO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

3/1/05 240 508 3236
Date Dayline Phone #