

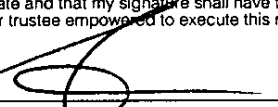


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90352 003 ****55.00

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|---|--|--|--|--|--|
| DOCUMENT # L03000019587 | | | |  | |
| 1. Entity Name THE FLOORING WAREHOUSE, LLC | | | | | |
| Principal Place of Business 2999 N. POWERLINE RD. POMPANO BEACH, FL 33069 | | | Mailing Address 2999 N. POWERLINE RD. POMPANO BEACH, FL 33069 | | |
| 2. Principal Place of Business 2999 N. POWERLINE RD Suite, Apt. #, etc. | | 3. Mailing Address 2999 N. POWERLINE RD Suite, Apt. #, etc. | |  | |
| City & State POMPANO BEACH, FL | | City & State POMPANO BEACH, FL | | 4. FEI Number 41-2099859 | |
| Zip 33069 | | Country USA | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SCHNEIDER, HARVEY ESQ. 1900 NW 26 AVE SUITE 301 WEST BOCA RATON, FL 33431 | | | | 7. Name and Address of New Registered Agent Name: ADAM G. HEFFNER, ESQ. Street Address (P.O. Box Number is Not Acceptable): 1900 NW CORPORATE BOULEVARD SUITE 301 - WEST BUILDING City: BOCA RATON FL Zip Code: 33431 | |
| 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: ADAM G. HEFFNER ATTORNEY DATE: 2-24-06 <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, 2006 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM ALPERT, ARNOLD 2939 NORTH POWERLINE ROAD POMPANO BEACH, FL 33069 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM ALPERT, MARK 2939 NORTH POWERLINE ROAD POMPANO BEACH, FL 33069 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| 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:  | | | | Date: 2-24-06 Daytime Phone #: 954-975-0000 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |