2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)				FILED Apr 10, 2006 08:00 AM			
DOCUMENT # L03000043066 1. Entity Name						y of State	
GREGOR	Y J BAXTER CARPET INST	ALLATIONS, LLC					
Principal Plac	ce of Business	Mailing Address		1			
640 MAGNOLIA AVENUE HOLLY HILL FL 32117 US		640 MAGNOLIA AVENUE HOLLY HILL FL 32117 US					
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			1211 2211 2122 1111 221 4 2414	# BI(##) {}} {##
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		MOORE	CR2E083 (10/05)	
City & State		City & State		4. FEI Numb	er 20-0367880	1	Applied Fo
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$5.00 A	dditional
	6. Name and Address of Currer		7. Name and	d Address of New Ri			
BAXTER, GREGORY J			Name				
640	MAGNOLIA AVENUE LLY HILL FL 32117		Street Address	(P.O. Box Numb	er is Not Acceptable)	
			City	 		Zip Co	ode
8. The above	named entity submits this statement	for the purpose of changing its	registered office or registe	red agent, or bo	th, in the State of Flo	rida. 1 am familiar wit	h. and acc
the obtiga	tions of registered agent.		- •	•			
SIGNATURE	Signature, lyped or printed name of registered age:	n) and title il popiicable. (NOTI	E. Registered Agent signature require	d when remolaturo)	1	DATE	
			OW!!! FEE IS \$50.00	Fried home of the 18.	1		
		Make Check Payab	le to Florida Departme By May 1, 2006	int of State	U000005 04/25/06-8	00498 0024-016 50.	80
Q .	MANAGING MEME	BERS/MANAGERS	10.	der saufer Green of	ADDITIONS/	CHANGES	
TITLE	MGR	☐ Defete	TITLE			☐ Change	E □ Adi
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NAME STREET ADDRESS		<u> </u>	NAME STREET ADDRESS			•	-
City-St-Zip			STREET ADDRESS CATY-ST-ZIP		}		

11. I hereby certify that the information supplied with this tiling does not qualify for the exemptions contained in Section 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 immited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: