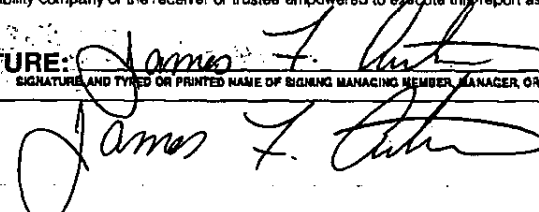


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/2

FILED
Feb 03, 2004 8:00 am
Secretary of State

01-20-2004 90205 037 ****50.00

DOCUMENT # L03000046192			
1. Entity Name CARPET MAN, LLC			
Principal Place of Business 1790 TOWNSEND OAKS CIRCLE ORLANDO, FL 32826 US		Mailing Address 1790 TOWNSEND OAKS CIRCLE ORLANDO, FL 32826 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country Orange	Zip	Country ORANGE
4. FEI Number 20-0409637 (EIN)		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent ANTON, JAMES F 1790 TOWNSEND OAKS CIRCLE ORLANDO, FL, FL 32826		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when ren stating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANTON, JAMES F 1790 TOWNSEND OAKS CIRCLE ORLANDO, FL 32826 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
I'M SORRY FOR MISSING BLOCK FOUR. I WAS TOLD I DIDNT NEED TO SEND ANOTHER FEE, ANY FURTHER PROBLEMS, PLEASE CONTACT ME AT 407-568-5475-H OR 407-719-6329-C THANKS FOR YOUR HELP. JAMES ANTON			
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: 		Date: 1-14-04 407-568-5475 407-719-6329 CELL	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date: 1-29-04 JAME	