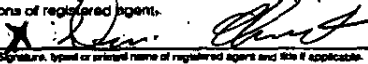
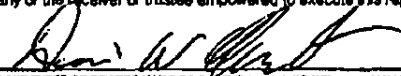


FILED
Sep 15, 2004 8:00 am
Secretary of State

8/1

08-12-2004 90047 001 ****50.00

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000046334			
1. Entity Name ECLECTIC FLOORING, L.L.C.			
Principal Place of Business 108 LAUREL VALLEY COURT DAYTONA BEACH, FL 32114		Mailing Address 108 LAUREL VALLEY COURT DAYTONA BEACH, FL 32114	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
07132004 Chg-LLC CR2E083 (10/03)		4. FEI Number 30-0227540	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CLEMENTS, DAVID 108 LAUREL VALLEY COURT DAYTONA BEACH, FL 32114		7. Mailing Address of Current Registered Agent 108 Laurel Valley Ct. Daytona Beach, FL 32114	
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 		DATE	
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE ☐ Delete NAME DAVID CLEMENTS STREET ADDRESS 108 LAUREL VALLEY CT. CITY-ST-ZIP DAYTONA, FL 32114		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
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: 		* 9-13-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	