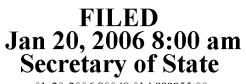
## **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## DOCUMENT #1 03000046563



| 1. Entity Name JAMES IVESTER HARDWOOD FLOORS,LLC  |                              |   |  |                     |  |  | 01-20-2006 90048 014 ****55.00        |                                       |                                |                 |              |  |
|---|------------------------------|---|--|---------------------|--|--|---------------------------------------|---------------------------------------|--------------------------------|-----------------|--------------|--|
| Principal Place of Business 2525 ROYAL OAK DRIVE TITUSVILLE, FL 32780   |                              |   | Mailing Address PO BOX 1262 CHRISTMAS, FL 32709-1262     |                     |  |  |                                       |                                       |                                |                 |              |  |
| 2. Principal Place of Business  |                              |   | 3. Mailing Address                                       |                     |  |  |                                       |                                       |                                |                 |              |  |
| Suite, Apt. #, etc.   |                              |   | Suite, Apt. #, etc.                                      |                     |  |  | 01092006                              | Chg-LLC CR2E083 (11/05)               |                                |                 |              |  |
| City & State  |                              |   | City & State   |                     |  | 4. FEI Num<br>20-03                              | ber<br>84714                          | Applied For Not Applicable            |                                | <del></del>     |              |  |
| Zip   | Country                      |   | Zip  | Counti              |  |  | 5. Certifica                          | e of Status Desired                   | \$5.00 Additional Fee Required |                 |              |  |
| 6. Name and Address of Current Registered Agent   |                              |   |  |                     |  | 7. Name and Address of New Registered Agent Name |                                       |                                       |                                |                 |              |  |
| IVESTER, JAMES<br>2525 ROYAL OAK DRIVE<br>TITUSVILLE, FL 32780  |                              |   |  |                     | Street Address (P.O. Box Number is Not Acceptable) |  |                                       |                                       |                                |                 |              |  |
|   |                              |   |  | City                | FL Zip Code  |  |                                       |                                       |                                | Đ               |              |  |
| 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 Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when renstating)  DATE  |                              |   |  |                     |  |  |                                       |                                       |                                |                 |              |  |
|   | Signature, typed             | or printed name of registered agent ar                            | or the rapplicable. (NOT                                 | E: Hegistere        | d Agent signa:                                     | nue uedinasea                                    | when reinstating)                     |                                       | DATE                           |                 |              |  |
| Filing Fee is \$50.00<br>Due by May 1, 2006   |                              |   |  |                     | Make check payable to Florida Department of State  |  |                                       |                                       |                                | ۲<br><u>-</u> . |              |  |
| 9.  | ·                            | 10.   | 10.  |                     |  | ADDITIONS/CHANGES                                |                                       |                                       |                                |                 |              |  |
| TITLE<br>Name   | MGR ☐ Deleti                 |   |  |                     | TITLE<br>NAME                                      |  |                                       |                                       | [                              | Change          | ☐ Addition . |  |
| STREET ADDRESS  | l                            | YAL OAK DRIVE   |  | ET ADORESS          |  |  |                                       |                                       |                                |                 |              |  |
| CITY-ST-ZIP   | <u> </u>                     | LE, FL 32780  |  | CITY                | -ST-ZIP  |  |                                       |                                       |                                |                 |              |  |
| TITLE<br>Name   | MGR<br>IVESTOR               | IAMES   | Delete Ti  |                     |  | からり  | R<br>≒÷er.                            | James                                 | ţ                              | Change          | ☐ Addition   |  |
| STREET ADDRESS  | 1410 CUF                     |   |  |                     | ET ADDRESS   | - 10   | 312                                   |                                       |                                |                 |              |  |
| CITY-ST-ZIP   | CHRISTM                      | AS, FL 32709  | СП   |                     | -ST-ZIP  | ļ  | · · · · · · · · · · · · · · · · · · · |                                       |                                |                 |              |  |
| TITLE<br>Name   |                              |   | ☐ Delete   | TITL                |  |  |                                       |                                       | [                              | Change          | Addition     |  |
| STREET ADDRESS  |                              |   |  |                     | et address   |  |                                       |                                       |                                |                 |              |  |
| CITY-ST-ZIP   |                              |   |  | СПҮ                 | -ST-ZIP  |  |                                       |                                       |                                |                 |              |  |
| TITLE   |                              |   | ☐ Delete   | TITL                |  |  |                                       |                                       | (                              | Change          | Addition     |  |
| NAME<br>Street address  |                              |   |  | NAM<br>Stri         | ET ADORESS   |  |                                       |                                       |                                |                 |              |  |
| CITY-ST-ZIP   |                              |   |  | СПҮ                 | -ST-ZIP  |  |                                       |                                       |                                |                 |              |  |
| TITLE   |                              |   | ☐ Delete   | TITL                |  |  |                                       |                                       | ſ                              | Change          | Addition     |  |
| NAME<br>STREET ADDRESS  |                              |   |  | NAM                 | E<br>Et address                                    |  |                                       |                                       |                                |                 |              |  |
| CITY-ST-ZIP   |                              |   |  |                     | -ST-ZiP  |  |                                       |                                       |                                |                 |              |  |
| TITLE   |                              |   | ☐ Delete   | TIΠ                 | E  |  |                                       |                                       |                                | Change          | Addition     |  |
| NAME  |                              |   |  | NAM                 |  |  |                                       |                                       |                                |                 |              |  |
| STREET ADORESS CITY-ST-ZIP  |                              |   |  |                     | et adoress<br>-st-zip                              |  |                                       | .•                                    |                                |                 | -            |  |
| 11. Thereby o   | certify that th              | e information supplied with                                       | this filing does not qualify fo                          | r the exe           | mptions c  | ntained i  | in Chapter 11                         | 9, Florida Statutes. I fi             | urther certify t               | hat the info    | rmation      |  |
| indicated<br>limited lia  | on this repo<br>bility compa | ort is true and accurate and t<br>only or the receiver or trustee | hat my signature shall have<br>empowered to execute this | the sam<br>report a | e legal effe<br>s required                         | ct as if m<br>by Chapt                           | nade under oa<br>ter 608, Florid      | ith; that I am a manaq<br>a Statutes. | ging member                    | or manage       | r of the     |  |

V16106