

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000046682

Entity Name: KAISER FLOORING, LLC

FILED
Apr 19, 2004
Secretary of State

Current Principal Place of Business:

128 MIRACLE STRIP PKWY. SW
FT. WALTON BEACH, FL 32548

New Principal Place of Business:

121 CLIFFORD ST
SHALIMAR, FL 32579

Current Mailing Address:

128 MIRACLE STRIP PKWY. SW
FT. WALTON BEACH, FL 32548

New Mailing Address:

P.O. BOX 2822
FT. WALTON BEACH, FL 32549

FEI Number: 75-3141341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, GERALD
119 SE WAYNELL CIRCLE
FT. WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: KAISER, ROBERT L
Address: P.O. BOX 2822
City-St-Zip: FT. WALTON BEACH, FL 32549

Title: MGRM () Delete
Name: RITNOK, PROSIT
Address: P.O. BOX 2822
City-St-Zip: FT. WALTON BEACH, FL 32549

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: HOWLE, SURIYA MR.
Address: 62 ORLENE RD.
City-St-Zip: MARY ESTER, FL 32569

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SURIYA HOWLE

MR.

04/19/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date