




2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90114 024 ****50.00

DOCUMENT # L03000047670 1. Entity Name FREEFALL FLOORING LLC			
Principal Place of Business 88 SAM SMITH CIRCLE CRAWFORDVILLE FL 32327		Mailing Address 88 SAM SMITH CIRCLE CRAWFORDVILLE FL 32327	
2. Principal Place of Business 88 Sam Smith Circle Suite, Apt. #, etc.	3. Mailing Address 88 Sam Smith Circle Suite, Apt. #, etc.	 MOORE CR2E083 (4/04)	
City & State Crawfordville FL	City & State Crawfordville FL		
Zip 32327	Country USA		
City & State Crawfordville FL	Zip 32327		
4. FEI Number 33-102-7556		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DEKLE, JOSEPH C 88 SAM SMITH CIRCLE CRAWFORDVILLE FL 32327		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 reinstating) DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 8, 2004			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEKLE, JOSEPH 88 SAM SMITH CIRCLE CRAWFORDVILLE FL 32327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 5-8-04 Daytime Phone #	