

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000049040

1. Entity Name
 ROBERTS FLOOR COVERING INSTALLATION SERVICE, LLC



Principal Place of Business Mailing Address

4551 SW 110TH ST 4551 SW 110TH ST
 OCALA, FL 34476 OCALA, FL 34476



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02012005No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
 20-0435731 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DURANSEAU, ROBERT A
 4551 SW 110TH ST
 OCALA, FL 34476

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DURANSEAU, ROBERT A
STREET ADDRESS	4551 SW 110TH ST
CITY-ST-ZIP	OCALA, FL 34476
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(f), 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: *Robert Duranseau* Date: Feb/20/05 Daytime Phone #: 352-804-8671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #