2008 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L03000049611 1. Entity Name EDWARD BERGIN CARPET INSTALLATIONS, LLC Principal Place of Business 11179 MAINSAIL DRIVE COOPER CITY, FL 33026 Mailing Address 11179 MAINSAIL DRIVE COOPER CITY, FL 33026 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent BERGIN, EDWARD 11179 MAINSAIL DRIVE COOPER CITY, FL 33026

FILED Apr 03, 2008 08:00 AN Secretary of State

03312008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 30-0215400

Applied For Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

| 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 title it applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000880403 04/15/08-80060-011 143.75

MANAGING MEMBERS/MANAGERS 9. TITLE NAME BERGIN, EDWARD STREET ADDRESS 11179 MAINSAIL DRIVE COOPER CITY, FL 33026 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Ednd 7 Bugir

3/31/08

954-812-9469

NAME OF SIGNING MANASING MEMBER, OR AUTHORIZED REPRESENTATIVE