

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050588

FILED  
Jan 23, 2007  
Secretary of State

Entity Name: DARREN HARRISON CARPET INSTALLATION, LLC

**Current Principal Place of Business:**

12566-1 PATTY DR  
JACKSONVILLE, FL 32220

**New Principal Place of Business:**

**Current Mailing Address:**

12566-1 PATTY DR  
JACKSONVILLE, FL 32220

**New Mailing Address:**

FEI Number: 20-0454259

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HARRISON, DARREN  
12566-1 PATTY DR  
JACKSONVILLE, FL 32220 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/MANAGERS:**

Title: MGR ( ) Delete  
Name: HARRISON, DARREN  
Address: 12566-1 PATTY DR  
City-St-Zip: JACKSONVILLE, FL 32220

Title: MGRM ( ) Delete  
Name: HERRIN, BENJAMIN F  
Address: 267 N HALSEMA RD  
City-St-Zip: JACKSONVILLE, FL 32220

Title: MGRM ( ) Delete  
Name: MCDONALD, MIKE  
Address: 2241 FLOSS AVE  
City-St-Zip: JACKSONVILLE, FL 32220

**ADDITIONS/CHANGES:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DARREN HARRISON

MGRM

01/23/2007

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