


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000050777			
1. Entity Name HOLLINSWORTH FLOOR COVERING LLC			
Principal Place of Business 901 OAK KNOLL AVE TALLAHASSEE, FL 32312		Mailing Address 901 OAK KNOLL AVE TALLAHASSEE, FL 32312	
2. Principal Place of Business <i>96 METCALF Rd.</i>		3. Mailing Address <i>[Signature]</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Crawfordville FL</i>		City & State	
Zip <i>32327</i>		Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HOLLINSWORTH, TERRY L JR 901 OAK KNOLL AVE TALLAHASSEE, FL 32312		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 _____ 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 September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLINSWORTH, TERRY L	NAME	
STREET ADDRESS	901 OAK KNOLL AVE	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURCH, JUSTIN	NAME	
STREET ADDRESS	1273 OLD WOODVILLE RD	STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32326	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>[Signature]</i>		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07142005 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
Not Applicable

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

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07/21/05--01057--016 **50.00