

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051104

Entity Name: SCOTTY'S CARPET CARE, L.L.C.

FILED  
Apr 17, 2006  
Secretary of State

**Current Principal Place of Business:**

1536 REMINGTON WAY  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

5020 CYPRESS LINKS BLVD.  
ELKTON, FL 32033

**Current Mailing Address:**

1536 REMINGTON WAY  
ST. AUGUSTINE, FL 32084

**New Mailing Address:**

5020 CYPRESS LINKS BLVD.  
ELKTON, FL 32033

FEI Number: 02-0712738

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DOBSTON, GEOFFREY B  
66 CUNA STREET, SUITE A  
ST. AUGUSTINE, FL 32084 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: MGRM ( ) Delete  
Name: JACOBSON, SCOTTY  
Address: 1536 REMINGTON WAY  
City-St-Zip: ST. AUGUSTINE, FL 32084

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: JACOBSON, SCOTTY L  
Address: 5020 CYPRESS LINKS BLVD.  
City-St-Zip: ELKTON, FL 32033

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: SCOTTY JACOBSON

MGRM

04/17/2006

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