

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051517

FILED
Aug 13, 2005
Secretary of State

Entity Name: RUG N ROLL, LLC

Current Principal Place of Business:

4567 PEPPERGRASS STREET
MIDDLEBURG, FL 32068 US

New Principal Place of Business:

5855 PARKSTONE CROSSING DR.
JACKSONVILLE, FL 32258 US

Current Mailing Address:

4567 PEPPERGRASS STREET
MIDDLEBURG, FL 32068 US

New Mailing Address:

5855 PARKSTONE CROSSING DR.
JACKSONVILLE, FL 32258 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

REED, ROBERT J III
4567 PEPPERGRASS STREET
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

REED, ROBERT J III
5855 PARKSTONE CROSSING DR.
JACKSONVILLE, FL 32258 US

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:

08/13/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: REED, ROBERT J III
Address: 4567 PEPPERGRASS STREET
City-St-Zip: MIDDLEBURG, FL 32068 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: REED, ROBERT J III
Address: 5855 PARKSTONE CROSSING DR.
City-St-Zip: JACKSONVILLE, FL 32258 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT J REED III

MGR

08/13/2005

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