

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90048 037 \*\*\*\*50.00

<b>DOCUMENT # L03000051678</b> 1. Entity Name <b>TERRY MAYHAIR FLOORING, LLC</b>					
Principal Place of Business <b>5237 H.G. LANE</b> <b>CRESTVIEW, FL 32536</b>			Mailing Address <b>5237 H.G. LANE</b> <b>CRESTVIEW, FL 32536</b>		
2. Principal Place of Business <b>5237 H.G. Lane</b> Suite, Apt. #, etc. <b>Baker Fl</b> City & State <b>32531</b> Zip		3. Mailing Address <b>5237 H.G. Lane</b> Suite, Apt. #, etc. <b>Baker Fl</b> City & State <b>32531</b> Zip			
Country		Country		03132006 Chg-LLC CR2E083 (11/05)	
4. FEI Number <b>54-2135635</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>MAYHAIR, TERRY</b> <b>5237 H.G. LANE</b> <b>CRESTVIEW, FL 32536</b>			7. Name and Address of New Registered Agent Name <b>Mayhair Terry</b> Street Address (P.O. Box Number is Not Acceptable) <b>5237 H.G. Lane</b> <b>Baker</b> City <b>FL</b> Zip Code <b>32531</b>		
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 <u><i>Terry Mayhair</i></u> DATE <u>3-13-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAYHAIR, TERRY 5237 H.G. LANE CRESTVIEW, FL 32536	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Mayhair, Terry 5237 H.G. Lane Baker Fl 32531	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HELMS, GERALD 5648 BUCK WARD ROAD BAKER, FL 32531	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Terry Mayhair</i></u>			DATE: <u>3-13-06</u> DAYTIME PHONE: <u>850 546-1041</u>		