2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 20, 2004 8:00 am
Secretary of State
04-29-2004 90080 031 ****50.00

DOCUMENT # L03000053346

1. Entity Name
CRAIG THORNE FLOOR COVERING LLC

Principal Place of Business	Mailing Address
10915 WOODLAND DR HUDSON FL 34669	10915 WOODLAND DR HUDSON FL 34669

MOORE CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address
10915 Woodland Suite, Apt. #, etc.	10915 WoodLand DR Suite, Apt. #, etc.
City & State: Hudson FL	City & State: Hudson FL
Zip: 34669 Country: PASCO	Zip: 34669 Country: PASCO

4. FEI Number: 59-3266392 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THORNE, CRAIG 10915 WOODLAND DR HUDSON FL 34669	Name: CRAIG THORNE Street Address (P.O. Box Number is Not Acceptable): 10915 WoodLand DR City: Hudson FL Zip Code: 34669

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)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OWNER CRAIG THORNE 10915 WOODLAND DR Hudson FL 34669	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

PATRICIA FOXWORTH
Notary Public, State of Florida
My comm. expires Mar. 2, 2004
No. CC541736

STATE OF FLORIDA
COUNTY OF PASCO
The foregoing instrument was acknowledged before me this 3/3/04 by Craig E. Thorne who is personally known to me, or has produced DL Fla as identification and who did (did not) take an oath.
Patricia Foxworth

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: Craig E Thorne CRAIG E THORNE 2-27-04 727 534-6228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #