



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90013 012 \*\*\*\*50.00

<b>DOCUMENT # L03000054087</b>					
<b>1. Entity Name</b> DAVID E ENGLISH FLOORING LLC					
<b>Principal Place of Business</b> 14006 ENGLISH GARDEN LN TALLAHASSEE, FL 32309			<b>Mailing Address</b> 14006 ENGLISH GARDEN LN TALLAHASSEE, FL 32309		
<b>2. Principal Place of Business</b> 14006 ENGLISH GARDEN LN Suite, Apt. #, etc. TALL FL		<b>3. Mailing Address</b> 14006 ENGLISH GARDEN LN Suite, Apt. #, etc. TALL FL		<b>20054389</b> 	
City & State TALL FL		City & State TALL FL		03042005 Chg-LLC CR2E083 (10/03)	
Zip 32309		Country LEON		<b>4. FEI Number</b> 59-2918887	
City & State TALL FL		City & State TALL FL		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ENGLISH, DAVID E 14006 ENGLISH GARDEN LN TALLAHASSEE, FL 32309			<b>7. Name and Address of New Registered Agent</b> Name DAVID E ENGLISH Street Address (P.O. Box Number is Not Acceptable) 14006 ENGLISH GARDEN LN City TALL FL Zip Code 32309		
<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.</b> SIGNATURE <u>DAVID E ENGLISH</u> <i>David E English</i> DATE <u>3-4-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ENGLISH, DAVID E 14006 ENGLISH GARDEN LANE TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete			
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<b>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.</b>			SIGNATURE: <u>David E English</u> <i>David E English</i> DATE <u>3-4-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		

Daytime Phone # 850-668-7509