

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000057034

Entity Name: CR FLOORING, LLC

FILED  
Apr 10, 2006  
Secretary of State

**Current Principal Place of Business:**

16240 WINBURN DR.  
SARASOTA, FL 34240 US

**New Principal Place of Business:**

**Current Mailing Address:**

16240 WINBURN DR.  
SARASOTA, FL 34240 US

**New Mailing Address:**

FEI Number: 68-0575478

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WOOD, HOLLEY C  
16240 WINBURN DR.  
SARASOTA, FL 34240 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: WOOD, RAYMOND M  
Address: 16240 WINBURN DR.  
City-St-Zip: SARASOTA, FL 34240 US

Title: MGRM ( ) Delete  
Name: HANNA, ROBERT D  
Address: 1031 DEER HOLLOW BLVD  
City-St-Zip: SARASOTA, FL 34232 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WOOD, RAYMOND M  
Address: 16240 WINBURN DR  
City-St-Zip: SARASOTA, FL 34240 US

Title: MGRM (X) Change ( ) Addition  
Name: KINDER, LAVERN  
Address: 16240 WINBURN DR  
City-St-Zip: SARASOTA, FL 34240 US

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: RAYMOND M WOOD

MGRM

04/10/2006

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