

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000164

FILED
Feb 02, 2005
Secretary of State

Entity Name: PAUL GRONQUIST FLOORING L.L.C.

Current Principal Place of Business:

6325 SALADO RD.
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

6325 SALADO RD.
ST. AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 74-3113207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRONQUIST, PAUL
6325 SALADO RD.
ST. AUGUSTINE, FL 32080 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/MEMBERS:

Title: MGR () Delete
Name: GRONQUIST, PAUL
Address: 6325 SALADO RD.
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GRONQUIST, PAUL
Address: 6325 SALADO RD.
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: MGRM () Change (X) Addition
Name: GRONQUIST, SEAN
Address: 6325 SALADO RD.
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: MGRM () Change (X) Addition
Name: HOLMES, GERALD
Address: 7175 A1AS, D225
City-St-Zip: ST. AUGUSTINE, FL 32080 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: PAUL GRONQUIST

MGR

02/02/2005

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