

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
05 MAY -4 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000001181					
1. Entity Name RODNEY LEWIS FLOOR COVERING, LLC					
Principal Place of Business 2775 CATHEDRAL DRIVE LOT 311 TALLAHASSEE, FL 32310 US			Mailing Address 2775 CATHEDRAL DRIVE LOT 311 TALLAHASSEE, FL 32310 US		
2. Principal Place of Business 244 Francis Maples Dr.			3. Mailing Address 244 Francis Maples Dr.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Tallahassee FL		City & State Tallahassee FL		4. FEI Number 753127531	
Zip 32310		Country Leon		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEWIS, RODNEY 2775 CATHEDRAL DRIVE LOT 311 TALLAHASSEE, FL 32310				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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>Rodney Lewis</u> DATE <u>5/1/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEWIS, RODNEY 2775 CATHEDRAL DRIVE TALLAHASSEE, FL 32310		TITLE NAME STREET ADDRESS CITY-ST-ZIP	800054221858 05/10/05--01076--001 **\$0.00	
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	
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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 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: <u>Rodney Lewis</u>				Date <u>5/1/05</u> Daytime Phone #	