


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 29, 2005 8:00 am
Secretary of State

07-29-2005 90082 015 ****55.00

DOCUMENT # L04000004598	
1. Entity Name NUCKLES HARDWOOD FLOORING, LLC	

Principal Place of Business 4455 CONFEDERATE POINT RD #16C JACKSONVILLE, FL 32210	Mailing Address 4455 CONFEDERATE POINT RD #16C JACKSONVILLE, FL 32210
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2. Principal Place of Business 10414 Bigtree Cir. E.	3. Mailing Address 10414 Bigtree Cir. E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32257	Country Duval
Zip 32257	Country Duval



07262005 Chg-LLC CR2E083 (10/03)

4. FEI Number 200606039	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent NUCKLES, JOHN M 4455 CONFEDERATE POINT RD #16C JACKSONVILLE, FL 32210	7. Name and Address of New Registered Agent Name Nuckles, John M. Street Address (P.O. Box Number is Not Acceptable) 10414 Bigtree Circle E. City Jacksonville FL Zip Code 32257
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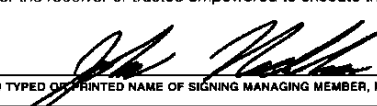
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **7-26-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NUCKLES, JOHN M 4455 CONFEDERATE POINT RD #16C JACKSONVILLE, FL 32210 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NUCKLES, John M. 10414 Bigtree Cir. E. JACKSONVILLE, FL 32257 <input checked="" 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
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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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:  DATE **7-26-05** (904) 240-7726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #