
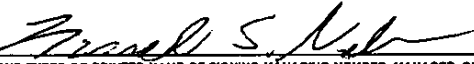


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 18, 2005 8:00 am**  
**Secretary of State**

07-18-2005 90108 002 \*\*\*\*50.00

|   |                                      |  |   |   |  |
|---|--------------------------------------|--|---|---|--|
| <b>DOCUMENT # L04000004784</b><br>1. Entity Name<br><b>SCOT NELSON FLOOR COVERING, LLC</b>  |                                      |  |   |  |  |
| Principal Place of Business<br><b>20 PARKWAY BLVD<br/>JACKSONVILLE, FL 32218</b>  |                                      |  | Mailing Address<br><b>20 PARKWAY BLVD<br/>JACKSONVILLE, FL 32218</b>  |   |  |
| 2. Principal Place of Business  |                                      | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.   |                                      | Suite, Apt. #, etc.  |   |   |  |
| City & State  |                                      | City & State   |   |   |  |
| Zip   | Country                              | Zip  | Country   |   |  |
| 4. FEI Number<br><b>20-0620221</b>  |                                      |  | Applied For<br><input type="checkbox"/> Not Applicable  |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                                      |  | <b>\$5.00 Additional Fee Required</b>   |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>NELSON, SCOT<br/>20 PARKWAY BLVD<br/>JACKSONVILLE, FL 32218</b>   |                                      |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |                                      |  |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by September 7, 2005</b>   |                                      | <b>Make check payable to<br/>Florida Department of State</b> |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |                                      |  | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE   | MGR <input type="checkbox"/> Delete  |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | NELSON, SCOT                         |  | NAME  |   |  |
| STREET ADDRESS  | 20 PARKWAY BLVD                      |  | STREET ADDRESS  |   |  |
| CITY - ST - ZIP   | JACKSONVILLE, FL 32218               |  | CITY - ST - ZIP   |   |  |
| TITLE   | MGRM <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | ROCKWELL, JOE B                      |  | NAME  |   |  |
| STREET ADDRESS  | 5443 CARDER ST                       |  | STREET ADDRESS  |   |  |
| CITY - ST - ZIP   | JACKSONVILLE, FL 32205               |  | CITY - ST - ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete      |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  |                                      |  | NAME  |   |  |
| STREET ADDRESS  |                                      |  | STREET ADDRESS  |   |  |
| CITY - ST - ZIP   |                                      |  | CITY - ST - ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete      |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  |                                      |  | NAME  |   |  |
| STREET ADDRESS  |                                      |  | STREET ADDRESS  |   |  |
| CITY - ST - ZIP   |                                      |  | CITY - ST - ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete      |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  |                                      |  | NAME  |   |  |
| STREET ADDRESS  |                                      |  | STREET ADDRESS  |   |  |
| CITY - ST - ZIP   |                                      |  | CITY - ST - ZIP   |   |  |
| 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:</b>    |                                      |  | <b>7-11-05 465-4442</b>   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |                                      |  | <small>Date Daytime Phone #</small>   |   |  |