



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 12, 2005 8:00 am**  
**Secretary of State**

09-12-2005 90122 010 \*\*\*\*55.00

<b>DOCUMENT # L04000007480</b> 1. Entity Name <b>EUGENE MCARTHUR FLOORING L.L.C.</b>					
Principal Place of Business <b>7110 JOY STREET</b> <b>PENSACOLA, FL 32504 US</b>			Mailing Address <b>7110 JOY STREET</b> <b>PENSACOLA, FL 32504 US</b>		
2. Principal Place of Business <b>7110 Joy St</b> Suite, Apt. #, etc. <b>7110 Joy St</b> City & State <b>Pensacola FL</b> Zip <b>32504</b> Country <b>Escambia</b>		3. Mailing Address <b>7110 Joy St</b> Suite, Apt. #, etc. <b>7110 Joy St</b> City & State <b>Pensacola FL</b> Zip <b>32504</b> Country <b>Escambia</b>		<b>14019503</b>    01122005 Chg-LLC CR2E083 (10/03)  4. FEI Number <b>80-0093959</b> Applied For <input type="checkbox"/> Not Applicable  5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MCARTHUR, EUGENE C</b> <b>7110 JOY STREET</b> <b>PENSACOLA, FL 32504</b>				7. Name and Address of New Registered Agent Name <b>Same as</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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>Eugene McArthur Mgr</u> DATE <u>9/7/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCARTHUR, EUGENE C 7110 JOY STREET PENSACOLA, FL 32504			<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"/> Change <input type="checkbox"/> Addition	
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"/> Change <input type="checkbox"/> Addition	
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"/> 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>Eugene McArthur</u> DATE <u>9/7/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					