

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008640

FILED
May 01, 2006
Secretary of State

Entity Name: ULTIMATE FLOORING OF SARASOTA, LLC

Current Principal Place of Business:

3617 ALDEN WAY
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

3617 ALDEN WAY
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 35-2224648 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DERBYSHIRE, PAUL
3617 ALDEN WAY
SARASOTA, FL 34242 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/MANAGERS:

Title: PRES () Delete
Name: DERBYSHIRE, PAUL
Address: 3617 ALDEN WAY
City-St-Zip: SARASOTA, FL 34232

Title: V.P. () Delete
Name: PIERSON, TODD
Address: 3709 ALDEN WAY
City-St-Zip: SARASOTA, FL 34232

Title: S (X) Delete
Name: JENNINGS, KURTIS E
Address: 4450 WILKENSON RD.
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 DERBYSHIRE

PRES

05/01/2006

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