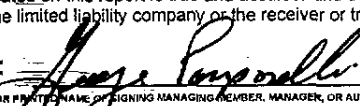


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED ATX1
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L04000009052											
1. Entity Name											
GEORGE POMPOSELLI FLOORING LLC											
DO NOT WRITE IN THIS SPACE											
2. Principal Place of Business			3. Mailing Address								
13080 SW SR 484											
Suite, Apt. #, etc.			Suite, Apt. #, etc.								
			DO NOT WRITE IN THIS SPACE								
City & State		City & State		4. FEI Number	Applied For						
DUNNELLON, FL				20-0694480	Not Applicable						
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required							
34432											
7. Name and Address of Current Registered Agent											
DO NOT WRITE IN THIS SPACE											
						Name GEORGE POMPOSELLI					
						Street Address (P.O. Box Number is Not Acceptable) 13080 SW SR 484					
City DUNNELLON											
FL											
Zip Code 34432											
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 _____											
Signature, typed or printed name of registered agent and title if applicable. _____											
DATE _____											
FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1											
9. MANAGING MEMBERS/MANAGERS											
TITLE	PROPRIETOR TO LLC				TITLE						
NAME	GEORGE POMPOSELLI				NAME						
STREET ADDRESS	13080 SW SR 484				STREET ADDRESS						
CITY-ST-ZIP	DUNNELLON FL 34432				CITY-ST-ZIP						
TITLE					TITLE						
NAME					NAME						
STREET ADDRESS					STREET ADDRESS						
CITY-ST-ZIP					CITY-ST-ZIP						
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STREET ADDRESS					STREET ADDRESS						
CITY-ST-ZIP					CITY-ST-ZIP						
DO NOT WRITE IN THIS SPACE											
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		GEORGE POMPOSELLI PROPIE		4/19/2005	3524459029						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date	Daytime Phone #						

CP2E083S (12/02)