



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000013009 1. Entity Name JOHN ADAMS FLOORING LLC	
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Principal Place of Business 131 SUMMERWIND CIRCLE EAST CRAWFORDVILLE, FL 32327	Mailing Address 131 SUMMERWIND CIRCLE EAST CRAWFORDVILLE, FL 32327
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DO NOT WRITE IN THIS SPACE



02192007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 74-3115006	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ADAMS, JOHN
131 SUMMERWIND CIRCLE EAST
CRAWFORDVILLE, FL 32327**

**DO NOT WRITE
IN THIS SPACE**

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 John Adams * DATE 2-19-07

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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADAMS, JOHN 131 SUMMERWIND CIRCLE EAST CRAWFORDVILLE, FL 32327
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: John Adams DATE 2-19-07 Daytime Phone # 850-321-6689

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE