
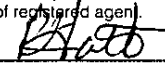
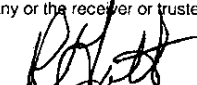


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

05 AUG 25 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L04000013343</b> 1. Entity Name RICHARDS WOOD FLOORS AND MORE LLC					
Principal Place of Business 108 EVA LINDA ST. CRAWFORDVILLE, FL 32327			Mailing Address 108 EVA LINDA ST. CRAWFORDVILLE, FL 32327		
2. Principal Place of Business		3. Mailing Address 50 Rutland Rd Crawfordville FL			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07252005 Chg-LLC CR2E083 (10/03)	
City & State		City & State		4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip	Country	Zip 32327	Country Wakulla	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  GOTT, RICHARD 108 EVA LINDA ST. CRAWFORDVILLE, FL 32327			7. Name and Address of New Registered Agent Name: Richard Bott Street Address (P.O. Box Number is Not Acceptable): 50 Rutland Rd Crawfordville FL City: FL Zip Code: 32327		
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: 8/25/05	
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM <input type="checkbox"/> Delete NAME GOTT, RICHARD STREET ADDRESS 108 EVA LINDA ST. CITY-ST-ZIP CRAWFORDVILLE, FL 32327	TITLE MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Gott Richard STREET ADDRESS 50 Rutland Rd CITY-ST-ZIP Crawfordville FL 32327		800059139108 08/30/05--01058--019 ***50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: 				DATE: 8/25/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	