

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L04000020495</b> 1. Entity Name <b>PUTNAM WOOD FLOORING COMPANY, LLC</b>				 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 AUG 29 AM 11:05	
Principal Place of Business <b>6196 LAKE GRAY BLVD, STE 102 JACKSONVILLE, FL 32244</b>			Mailing Address <b>6196 LAKE GRAY BLVD, STE 102 JACKSONVILLE, FL 32244</b>		
2. Principal Place of Business <b>814 AIA North</b> Suite, Apt. #, etc. <b>305</b> City & State <b>Ponte Vedra Beach FL</b>		3. Mailing Address <b>P.O. Box 3457</b> Suite, Apt. #, etc.  City & State <b>Ponte Vedra Beach, FL</b>		 08252005 Chg-LLC CR2E083 (10/03)	
Zip <b>32082</b>		Country <b>USA</b>		4. FEI Number <b>20-0866479</b>	
Zip <b>32004</b>		Country  		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>CROSBY, J. ELLIS JR. 6196 LAKE GRAY BLVD, STE 102 JACKSONVILLE, FL 32244</b>				7. Name and Address of New Registered Agent Name _____ 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		MGRM <b>James F. Valenti, Jr.</b> <b>136 Beachside Drive</b> <b>Ponte Vedra Beach FL 32082</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		MGRM <b>J. Ellis Crosby, Jr.</b> <b>6196 Lake Gray Blvd., Ste. 102</b> <b>Jacksonville, FL 32244</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		800059611178 09/14/05--01027--018 **\$5.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> 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"/> Delete		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.					
<b>SIGNATURE:</b> <i>James F. Valenti Jr.</i>			8-25-05 (904) 280-1919		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		