


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Sep 05, 2006 8:00 am**  
**Secretary of State**

09-05-2006 90050 009 \*\*\*\*50.00

**DOCUMENT # L04000020495**

1. Entity Name  
**PUTNAM WOOD FLOORING COMPANY, LLC**



Principal Place of Business  
**814 A1A NORTH  
 SUITE 305  
 PONTE VEDRA BEACH, FL 32082**

Mailing Address  
**PO BOX 3457  
 PONTE VEDRA BEACH, FL 32082**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



08302006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**20-0866479**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CROSBY, J. ELLIS JR.  
 6196 LAKE GRAY BLVD, STE 102  
 JACKSONVILLE, FL 32244**

7. Name and Address of New Registered Agent

Name **James F. Valenti, Jr.**

Street Address (P.O. Box Number is Not Acceptable)  
**814 A1A North**

**Suite 305**

City **Ponte Vedra Bch** FL Zip Code **32082**

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 James F. Valenti, Jr. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by September 6, 2006**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VALENTI, JAMES F JR 136 BEACHSIDE DRIVE PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROSBY, J ELLIS JR 6196 LAKE GRAY BLVD. STE 102 JACKSONVILLE, FL 32244	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: James F. Valenti, Jr. / James F. Valenti, Jr. 8-30-06 (904) 280-1919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #