


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90171 049 ****64.00

DOCUMENT # L04000021420 1. Entity Name FLOORS BY MIKE LLC	
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Principal Place of Business 13801 C.R. 672 BALM, FL 33503	Mailing Address P.O. BOX 243 BALM, FL 33503 US
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DO NOT WRITE IN THIS SPACE

40114952



01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 04-3786293	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**HALL, MICHAEL F
13801 C.R. 672
BALM, FL 33503**

**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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HALL, MICHAEL F P.O. BOX 243 BALM, FL 335030243
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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: Michael F Hall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #