

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028486

FILED
Mar 24, 2005
Secretary of State

Entity Name: TIM CONNELL FLOORING LLC

Current Principal Place of Business:

39 CARD LN
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

1709 HALL DRIVE
TALLAHASSEE, FL 32303

Current Mailing Address:

39 CARD LN
CRAWFORDVILLE, FL 32327

New Mailing Address:

1709 HALL DRIVE
TALLAHASSEE, FL 32303

FEI Number: 06-1724718

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONNELL, TIM
39 CARD LN
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

TIM CONNELL FLOORING
1709 HALL DRIVE
TALLAHASSEE, FL 32303 US

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.

SIGNATURE: TIM CONNELL

03/24/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: CONNELL, TIM
Address: 39 CARD LN
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGRM () Delete
Name: CONNELL, MICHAEL
Address: 39 CARD LN
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CONNELL, TIM
Address: 1709 HALL DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGR (X) Change () Addition
Name: CONNELL, BENJAMIN W
Address: 2625 RIDGEWAY STREET
City-St-Zip: TALLAHASSEE, FL 32310

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: TIM CONNELL

MGRM

03/24/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date