


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90019 027 \*\*\*\*55.00

<b>DOCUMENT #</b> L04000036393	
<b>1. Entity Name</b> RICK'S FLOORING INSTALLATIONS LLC	

<b>Principal Place of Business</b> 4102 DEER TRAIL MIDDLEBURG, FL 32068	<b>Mailing Address</b> 4102 DEER TRAIL MIDDLEBURG, FL 32068
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20049774



<b>2. Principal Place of Business</b> 4102 Deer Trail Suite, Apt. #, etc.	<b>3. Mailing Address</b> 4102 Deer Trail Suite, Apt. #, etc.
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01252005 Chg-LLC CR2E083 (10/03)

<b>City &amp; State</b> Middleburg Fla.	<b>City &amp; State</b> Middleburg Fla.
<b>Zip</b> 32068	<b>Zip</b> 32068

<b>4. FEI Number</b> 75-3157217	<b>Applied For</b> Not Applicable
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<b>6. Name and Address of Current Registered Agent</b>	
GROVES, RICHARD M 4102 DEER TRAIL MIDDLEBURG, FL 32068	

<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

<b>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.</b>	
<b>SIGNATURE</b> <u>Richard M. Groves</u> Signature, typed or printed name of registered agent and title if applicable.	<b>DATE</b> <u>4-20-05</u> (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<b>TITLE</b> MGR	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> GROVES, RICHARD M		<b>NAME</b>	
<b>STREET ADDRESS</b> 4102 DEER TRAIL		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> MIDDLEBURG, FL 32068		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

<b>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>	
<b>SIGNATURE:</b> <u>Richard M. Groves</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	<b>DATE</b> <u>4-20-05</u> Date <b>Daytime Phone #</b> <u>(904) 291-9920</u>