

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90376 032 \*\*\*\*50.00

**20054325**



<b>DOCUMENT # L04000041369</b> 1. Entity Name <b>J.W.M. CARPET, LLC</b>					
Principal Place of Business <b>157 COUGAR WAY ROTUNDA WEST, FL 33947</b>			Mailing Address <b>157 COUGAR WAY ROTUNDA WEST, FL 33947</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		04292005    Chg-LLC    CR2E083 (10/03)	
City & State <b>ROTUNDA WEST FL</b>		City & State <b>ROTUNDA WEST, FL 33947</b>		4. FEI Number <b>83-0397207</b>	
Zip 		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MACPHERSON, JON 157 COUGAR WAY ROTUNDA WEST, FL 33947</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>ROTUNDA WEST</b> <b>FL</b> Zip Code <b>33947</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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEMBER</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEMBER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>JON MACPHERSON 157 COUGAR WAY ROTUNDA WEST FL 33947</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEMBER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>BRAD B. PHILLIPS 4958 ESCALANTE DR NORTH PORT FL 34287</b>	
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> <u>Jon MacPherson</u> <b>JON MACPHERSON</b> 4/29/05    941-697-5958 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>					