

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90027 029 \*\*\*\*50.00

<b>DOCUMENT # L04000051390</b> 1. Entity Name <b>NOVATECK WOOD FLOORING OF DELRAY BEACH, LLC</b>																											
Principal Place of Business <b>360 SE 2ND AVE. #F3 DEERFIELD BEACH, FL 33441</b>		Mailing Address <b>360 SE 2ND AVE. #F3 DEERFIELD BEACH, FL 33441</b>																									
2. Principal Place of Business <b>1405 Congress Ave</b> Suite, Apt. #, etc. <b>UNIT 11</b> City & State <b>DELRAY BEACH, FL</b> Zip <b>33445</b> Country <b>USA</b>	3. Mailing Address <b>1405 Congress Ave</b> Suite, Apt. #, etc. <b>UNIT 11</b> City & State <b>DELRAY BEACH, FL</b> Zip <b>33445</b> Country <b>USA</b>																										
4. FEI Number <b>42-1635617</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		02232005 Chg-LLC CR2E083 (10/03)																									
6. Name and Address of Current Registered Agent  <b>METEVIER, THOMAS F 4280 TALT OCEAN DRIVE, SUITE PH-M FORT LAUDERDALE, FL 33308</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																									
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>																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CORBITT, MARIA LUIZA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>360 SE 2ND AVE. #F3</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DEERFIELD BEACH, FL 33441</td> <td></td> </tr> </table>		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	CORBITT, MARIA LUIZA		STREET ADDRESS	360 SE 2ND AVE. #F3		CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">Member</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>NORMAN BERGERON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1100 NW 45 STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>POMPA BEACH FL 33064</td> <td></td> </tr> </table>		TITLE	Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	NORMAN BERGERON		STREET ADDRESS	1100 NW 45 STREET		CITY-ST-ZIP	POMPA BEACH FL 33064	
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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>		Date <b>03/03/05</b> Daytime Phone # <b>(561) 243-2843</b>																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																											