

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058178

FILED
Apr 27, 2005
Secretary of State

Entity Name: ROBERT BORTH FAMILY FLOORING, LLC

Current Principal Place of Business:

4280 W AVENIDA DE GOLF
PACE, FL 32571 US

New Principal Place of Business:

Current Mailing Address:

4280 W AVENIDA DE GOLF
PACE, FL 32571 US

New Mailing Address:

FEI Number: 59-3261330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BORTH, ROBERT
4280 W AVENIDA DE GOLF
PACE, FL 32571 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BORTH, ROBERT D
Address: 4280 W AVENIDA DE GOLF
City-St-Zip: PACE, FL 32571 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BORTH, ROBERT D OWNER
Address: 4280 W AVENIDA DE GOLF
City-St-Zip: PACE, FL 32571 US

Title: MGR () Change (X) Addition
Name: BORTH, ERIC B
Address: 4280 W AVENIDA DE GOLF
City-St-Zip: PACE, FL 32571 US

Title: MGR () Change (X) Addition
Name: BORTH, JEREMY K
Address: 4280 W AVENIDA DE GOLF
City-St-Zip: PACE, FL 32571 US

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: ROBERT D BORTH

MGRM

04/27/2005

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