

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061968

FILED  
Jun 29, 2005  
Secretary of State

Entity Name: CLASSIC EUROPEAN FLOORING, LLC

**Current Principal Place of Business:**

221 MORIARTY STREET NW  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

221 MORIARTY STREET NW  
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

FEI Number: 59-3525321      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ALVOID, RICHARD A ESQUIRE  
356 WEST NINE MILE ROAD  
PENSACOLA, FL 32534      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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: POP, KIMBERLY A  
Address: 221 MORIARTY STREET NW  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: MGR      ( ) Delete  
Name: POP, GAVRIL  
Address: 221 MORIARTY STREET NW  
City-St-Zip: FORT WALTON BEACH, FL 32548

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KIMBERLY A POP

MGR

06/29/2005

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