

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 27, 2006  
Secretary of State**

DOCUMENT# L04000071411

Entity Name: SCANDINAVIAN FLOORING, LLC

**Current Principal Place of Business:**

7800 CORAL STREET, UNIT 182  
HYPOLUXO, FL 33462

**New Principal Place of Business:**

**Current Mailing Address:**

8172 AMBACH WAY  
HYPOLUXO, FL 33462

**New Mailing Address:**

FEI Number: 22-3903732      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MAKI, TOIVO J MGR  
8172 AMBACH WAY  
HYPOLUXO, FL 33462      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/MANAGERS:**

Title: MGR ( ) Delete  
Name: MAKI, TOIVO J  
Address: 8172 AMBACH WAY  
City-St-Zip: HYPOLUXO, FL 33462

Title: MGR ( ) Delete  
Name: MAKI, IIRO J  
Address: 8172 AMBACH WAY  
City-St-Zip: HYPOLUXO, FL 33462

Title: MGR ( ) Delete  
Name: MAKI, MARJA-LEENA  
Address: 8172 AMBACH WAY  
City-St-Zip: HYPOLUXO, FL 33462

**ADDITIONS/CHANGES:**

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

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 Chapter 119, 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: TOIVO J MAKI

MGR

04/27/2006

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