2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L04000071852

Entity Name: S & T FLOORING LLC

Current Principal Place of Business:

273 VENTURA RD
ST. AUGUSTINE, FL 32080 US

New Principal Place of Business:

Current Mailing Address:

273 VENTURA RD
ST. AUGUSTINE, FL 32080 US

New Mailing Address:

88 BICKFORD DR
PALMCOAST, FL 32137 US

FEI Number: 06-1733575 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSON, TONI L
273 VENTURA RD
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

ANDERSON, TONI L
88 BICKFORD DR
PALMCOAST, FL 32137 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: TONI ANDERSON 04/30/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ANDERSON, TONI L
Address: 88 BICKFORD DR
City-St-Zip: ST. AUGUSTINE, FL 32137 US

Title: MGRM ( ) Delete
Name: FARMER, SCOTT L
Address: 88 BICKFORD DR
City-St-Zip: PALMCOAST, FL 32137 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ANDERSON, TONI L MGR
Address: 88 BICKFORD DR
City-St-Zip: PALMCOAST, FL 32137 US

Title: MGRM (X) Change ( ) Addition
Name: FARMER, SCOTT L MGRM
Address: 88 BICKFORD DR
City-St-Zip: PALMCOAST, FL 32137 US

I hereby certify that the information supplied with this filing does not qualify 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: TONI ANDERSON MGR 04/30/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date