

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075065

FILED
May 06, 2006
Secretary of State

Entity Name: DOWNRIGHT FLOOR INSTALLATIONS LLC

Current Principal Place of Business:

P.O. BOX 20966
BRADENTON, FL 34204

New Principal Place of Business:

15269 BLUE FISH CIRCLE
BRADENTON, FL 34202

Current Mailing Address:

P.O. BOX 20966
BRADENTON, FL 34204

New Mailing Address:

15269 BLUE FISH CIRCLE
BRADENTON, FL 34202

FEI Number: 61-1412119 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

MEER, CURTIS L
8158 NATURES WAY
APT. #21
LAKEWOOD RANCH, FL 34202 US

Name and Address of New Registered Agent:

MEER, CURTIS L
15269 BLUE FISH CIRCLE
BRADENTON, FL 34202 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:

05/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MR () Delete
Name: MEER, CURTIS L
Address: 8158 NATURES WAY APT #21
City-St-Zip: LAKEWOOD RANCH, FL 34202

ADDITIONS/CHANGES:

Title: MR (X) Change () Addition
Name: MEER, CURTIS L
Address: 15269 BLUE FISH CIRCLE
City-St-Zip: BRADENTON, FL 34202

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: CURTIS L. MEER

MR.

05/06/2006

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