2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000083133

1. Entity Name

BURLISON FLOOR COVERING, LLC



FILED Apr 25, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

6026 VILLENEUVE LANE PENSACOLA, FL 32526 6026 VILLENEUVE LANE PENSACOLA, FL 32526

US



DO NOT WRITE IN THIS SPACE

04142006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1885945 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BURLISON, WILDER L SR. 6026 VILLENEUVE LANE PENSACOLA, FL 32526

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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	MGR BURLISON, WILDER L SR. 6026 VILLENAUVE LANE PENSACOLA, FL 32526 MGR
NAME STREET ADDRESS CITY-ST-ZIP	BALL, THOMAS A 32 PENN HAVEN AVE. PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
IITLE NAME STREET ADDRESS CHY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 179, Fforda Statutes, I further certify that the information indicated on this report is true and accurate and that my 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 Wille L Burlison, Sr. 4-14-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #