



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP -7 AM 8:24

DOCUMENT # L04000086117					
1. Entity Name JOHN ADAMS FLOORING LLC					
Principal Place of Business 4116 JOHNSON STATION RD SUMMIT, MS 39666			Mailing Address 4116 JOHNSON STATION RD SUMMIT, MS 39666		
2. Principal Place of Business PO Box 1259 Holiday Suite, Apt. #, etc.		3. Mailing Address PO Box 697 Suite, Apt. #, etc.			
City & State Gulf Breeze FL.		City & State Gulf Breeze FL.			
Zip 325-62		Country Santa Rosa		4. FEI Number 020733843	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent ADAMS, JOHN E 400 W HERMAN ST. PENACOLA, FL 32505			7. Name and Address of New Registered Agent Name Adams John E. Street Address (P.O. Box Number is Not Acceptable) 1259 Holiday St. City Gulf Breeze FL Zip Code 32562		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADAMS, JOHN E 4116 JOHNSON STATION RD SUMMIT, MS 39666 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Adams John E. 1259 Holiday St. Gulf Breeze FL, 32562 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400059813824 09/21/05--01016--011 **55.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify 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 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: John E. Adams			Date 9-6-05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		