2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

FILED DOCUMENT # L04000089487 Apr 17, 2006 08:00 Al Secretary of State 1. Entity Name HJB FLOORING, LLC Principal Place of Business Mailing Address 6050 CORAL WAY 6050 CORAL WAY **BRADENTON FL 34207 BRADENTON FL 34207** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicat Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BALL, HAROLD J JR. Street Address (P.O. Box Number is Not Acceptable) 6050 CORAL WAY **BRADENTON FL 34207** City Zip Code 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 1 applicable (NDTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. ☐ Change TITLE MGR Delete Addition U00000515120 29/06-80196-022 50.00 NAME NAME BALL, HAROLD J JR. STREET ADDRESS 6050 CORAL WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34207 🗆 Delete ☐ Change Addition TITLE THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP THE Delete 7151 5 __ Change__ MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete BHS ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Delete ☐ Addition TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 71E CITY - ST- ZIP Delete TITLE TOLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE