


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90086 029 \*\*\*\*50.00

|   |   |
|---|---|
| <b>DOCUMENT # L05000004682</b>                      |  |
| 1. Entity Name<br><b>ALL FLOORS OF AMERICA, LLC</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>ALL FLOORS OF AMERICA, LLC<br/>12919 EAST COLONIAL DRIVE<br/>ORLANDO, FL 32826 US</b> | Mailing Address<br><b>ALL FLOORS OF AMERICA, LLC<br/>12919 EAST COLONIAL DRIVE<br/>ORLANDO, FL 32826 US</b> |
|---|---|

|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

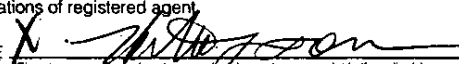


01242007 Chg-LLC CR2E083 (12/06)

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|---|--|--|
| 4. FEI Number<br><b>56-2495831</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |  |

|   |  |   |  |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent<br><b>CARACCILO, PEARL P<br/>14673 TANJA KING BLVD.<br/>ORLANDO, FL 32828</b> |  | 7. Name and Address of New Registered Agent<br>Name <b>HECTOR L. TORRES</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>12919 EAST COLONIAL DRIVE</b><br>City <b>ORLANDO</b> FL Zip Code <b>32826</b> |  |
|---|--|---|--|

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  DATE **1/27/07**

(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

|   |  |
|---|--|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>CLAYTON, LEROY C MR. <input type="checkbox"/> Delete<br>12919 EAST COLONIAL DRIVE<br>ORLANDO, FL 32826             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>CARACCILO-CLAYTON, SHARON M MRS. <input type="checkbox"/> Delete<br>12919 EAST COLONIAL DRIVE<br>ORLANDO, FL 32826 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>TORRES, HECTOR L MR. <input type="checkbox"/> Delete<br>12919 EAST COLONIAL DRIVE<br>ORLANDO, FL 32826             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>TORRES, SYLVIA MRS. <input type="checkbox"/> Delete<br>12919 EAST COLONIAL DRIVE<br>ORLANDO, FL 32826              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Chapter 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.

SIGNATURE  **LEROY C. CLAYTON** 1/27/07 407-2431911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #