2007 LIMITED LIABILITY COMPANY -----ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000014272

1. Entity Name

FREDERICK BARGER FLOORING SERVICE LLC



FILED Jan 12, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

4263 POVERTY CREEK ROAD CRESTVIEW, FL 32539

4263 POVERTY CREEK ROAD CRESTVIEW, FL 32539



01092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1242611 Applied For Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BARGER, FREDERICK G 4263 POVERTY CREEK ROAD CRESTVIEW, FL 32539

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		1		
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, hipped or printed name of registered agent and little if applicable. (NOTE: Registered agent and little if applicable.)		(NOTE: Registered	Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS	ì		<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARGER, FREDERICK G 4263 POVERTY CREEK ROAD CRESTVIEW, FL 32539		01/12/07-80061-013 55.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO I	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

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

Jan. 09, 200

850-826-0421

Daytime Phone #