

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90147 049 \*\*\*\*50.00

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01052006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L05000014622</b> 1. Entity Name <b>DAVE'S CARPET INSTALLATION, LLC</b>					
Principal Place of Business <b>1348 S.W. SEA HOLLY WAY PALM CITY, FL 34990 US</b>			Mailing Address <b>1348 S.W. HOLLY WAY PALM CITY, FL 34990 US</b>		
2. Principal Place of Business <b>2550 SW Bayshore Blvd</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>2550 SW Bayshore Blvd</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Port St. Lucie FL</b> <small>Zip</small> <b>34984</b> <small>Country</small> <b>USA</b>		City & State <b>Port St. Lucie, FL</b> <small>Zip</small> <b>34984</b> <small>Country</small> <b>USA</b>		4. FEI Number <b>352251015</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>REYNOLDS, DAVID WARREN 1348 S.W. SEA HOLLY WAY PALM CITY, FL 34990</b>			7. Name and Address of New Registered Agent Name <b>Reynolds, David Warren</b> Street Address (P.O. Box Number is Not Acceptable) <b>2550 SW Bayshore Blvd</b> City <b>Port St Lucie</b> <b>FL</b> <small>Zip Code</small> <b>34984</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR REYNOLDS, DAVID WARREN 1348 S.W. SEA HOLLY WAY PALM CITY, FL 34990</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Reynolds, David Warren 2550 SW Bayshore Blvd Port St Lucie, FL 34984</b>
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<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 606, Florida Statutes.					
SIGNATURE: <b>x David W. Reynolds</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <b>2-6-06</b> Daytime Phone # <b>772-323-1189</b>	