


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 05, 2007 8:00 am**  
**Secretary of State**

07-05-2007 90154 019 \*\*\*\*55.00

<b>DOCUMENT # L05000016999</b>		
1. Entity Name JACE HOWARD FLOORING, LLC		

Principal Place of Business 7658 PHILLIPS HWY STE 100 JACKSONVILLE, FL 32256	Mailing Address 7658 PHILLIPS HWY STE 100 JACKSONVILLE, FL 32256
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2. Principal Place of Business - No P.O. Box # 5570 Florida Mining Blvd. S. Suite, Apt. #, etc. SUITE # 310	3. Mailing Address 5570 Florida Mining Blvd. S. Suite, Apt. #, etc. SUITE 310
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City & State JACKSONVILLE, Florida	City & State JACKSONVILLE, Florida
Zip 32257	Zip 32257
Country USA	Country USA

6. Name and Address of Current Registered Agent AKEL, DANIEL D ESQ SUITE 2301 ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202	
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40122688



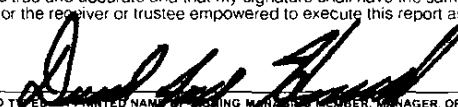
07032007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2369593	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

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 _____

<b>Filing Fee is \$50.00</b> <b>Due by September 14, 2007</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOWARD, JACE 1839 WEXFORD WAY ORANGE PARK, FL 32003 <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
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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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date: 7/3/07 Daytime Phone #: 904-731-4454