


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90287 031 \*\*\*\*50.00

<b>DOCUMENT # L05000021368</b> 1. Entity Name COUSINS CARPET INSTALLATIONS LLC					
Principal Place of Business 3373 S. ROYAL OAK DRIVE INVERNESS, FL 34452			Mailing Address 3373 S. ROYAL OAK DRIVE INVERNESS, FL 34452		
2. Principal Place of Business <b>603 E HARVARD ST</b>		3. Mailing Address <b>603 E HARVARD ST</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>INVERNESS, FL</b>		City & State <b>INVERNESS, FL</b>		4. FEI Number <b>20-2448818</b>	
Zip <b>34452</b> Country		Zip <b>34452</b> Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  KOEHL, FREDERICK 6050 WEST GULF TO LAKE HWY CRYSTAL RIVER, FL 34429			7. Name and Address of New Registered Agent Name <b>GEORGE T HARLEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>603 E HARVARD ST</b> City <b>INVERNESS</b> <b>FL</b> Zip Code <b>34452</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 <u>GEORGE T HARLEY</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	MGRM HARLEY, GEORGE T 3373 S. ROYAL OAK DRIVE INVERNESS, FL 34452	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>603 E HARVARD ST</b> <b>INVERNESS, FL 34452</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PINEAU, CLARENCE B 3373 S. ROYAL OAK DRIVE INVERNESS, FL 34452	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>305 N. VENTURI AVE</b> <b>CRYSTAL RIVER, FL 34429</b>
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	
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	
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.					
<b>SIGNATURE:</b> <u>George T. Harley</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date				Daytime Phone #	