

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000021869

FILED
Apr 05, 2007
Secretary of State

Entity Name: DAN STABLER FLOORING L.L.C.

Current Principal Place of Business:

17 MIMOSA ST. N.W.
FORT WALTON BEACH, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

17 MIMOSA ST. N.W.
FORT WALTON BEACH, FL 32548 US

New Mailing Address:

FEI Number: 06-1777715 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STABLER, DAN
17 MIMOSA ST. N.W.
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STABLER, DAN
Address: 17 MIMOSA ST.
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: MGRM () Delete
Name: STABLER, JACKIE
Address: 17 MIMOSA ST. N.W.
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: MGRM () Delete
Name: MASARIEGOS, OLEGARIO
Address: 17 MIMOSA ST. N.W.
City-St-Zip: FORT WALTON BEACH, FL 32548 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: JONES, TODD
Address: 17 MIMOSA ST. N.W.
City-St-Zip: FORT WALTON BEACH, FL 32548 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAN STABLER

MGR

04/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date