

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 18, 2006 8:00 am
Secretary of State

08-18-2006 90027 049 ****55.00

DOCUMENT # L05000021871 1. Entity Name EURO DESIGN FLOORS, LLC					
Principal Place of Business 537 TETON STREET LAKE MARY, FL 32746				Mailing Address 537 TETON STREET LAKE MARY, FL 32746	
2. Principal Place of Business 25400 Derby Drive Suite, Apt. #, etc.		3. Mailing Address 25400 Derby Drive Suite, Apt. #, etc.			
City & State Sorrento, FL		City & State Sorrento, FL		4. FEI Number 20-3193990 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
Zip 32776 Country USA		Zip 32776 Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent THE TOMELO LAW GROUP 801 INTERNATIONAL PARKWAY 5TH FL LAKE MARY, FL 32746				7. Name and Address of New Registered Agent Name Euro Design Floors Street Address (P.O. Box Number is Not Acceptable) 25400 Derby Drive City Sorrento FL Zip Code 32776	
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 Mark J Sims <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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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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: Mark J Sims (mgrm)			Date 08/14/06 Daytime Phone # 407 509 6132		