

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90034 023 \*\*\*\*50.00

DOCUMENT # L05000043588

1. Entity Name  
**STENGL WOOD FLOORING LLC**



Principal Place of Business      Mailing Address  
**3110 SE 16 PLACE**      **3110 SE 16 PLACE**  
**CAPE CORAL, FL 33904**      **CAPE CORAL, FL 33904**

2. Principal Place of Business      3. Mailing Address  
**3110 SE 16<sup>TH</sup> PL.**      **3110 SE 16<sup>TH</sup> PL.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**FLA CAPE CORAL**      **FLA CAPE CORAL**

Zip      Country      Zip      Country  
**33904**      **USA**      **33904**      **USA**



04102006    Chg-LLC    CR2E083 (11/05)

4. FEI Number      Applied For  
**350-60-0583**      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**STENGL, VINCE**  
**3110 SE 16 PLACE**  
**CAPE CORAL, FL 33904**

7. Name and Address of New Registered Agent  
 Name: **SAME**  
 Street Address (P.O. Box Number is Not Acceptable):  
 City: **FL**      Zip Code:

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: *Vince Stengl*      DATE: **4-12-06**

Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2006**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STENGL, VINCE 3110 SE 16 PLACE CAPE CORAL, FL 33904 <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: *Vince Stengl*      Date:      Overtime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE