

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000043874

FILED  
Apr 10, 2007  
Secretary of State

Entity Name: CENTRAL FLORIDA FLOORS, LLC

**Current Principal Place of Business:**

1325 ARBOR TRAIL  
THE VILLAGES, FL 32162

**New Principal Place of Business:**

**Current Mailing Address:**

1325 ARBOR TRAIL  
THE VILLAGES, FL 32162

**New Mailing Address:**

FEI Number: 16-1723344

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ECK, ROBERT F III  
1325 ARBOR TRAIL  
THE VILLAGES, FL 32162 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: MGRM ( ) Delete  
Name: ECK, ROBERT F III  
Address: 1325 ARBOR TRAIL  
City-St-Zip: THE VILLAGES, FL 32162

Title: MGRM ( ) Delete  
Name: ECK, ROBERT F IV  
Address: 1325 ARBOR TRAIL  
City-St-Zip: THE VILLAGES, FL 32162

Title: MGRM ( ) Delete  
Name: HOFFER, DAVID H  
Address: 5079 NOBLES POND DRIVE, NW  
City-St-Zip: CANTON, OH 44718

**ADDITIONS/CHANGES:**

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

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

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

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: ROBERT F. ECK, III

MGRM

04/10/2007

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