2008 LIMITED LIABILITY COMPANY

the obligations of registered agent.

ANNUAL REPORT DOCUMENT # L05000045297 1. Entity Name SHANE'S FLOORCOVERING LLC Principal Place of Business Mailing Address 8990 E. SWEETWATER DR. 8990 E. SWEETWATER DR. INVERNESS, FL 34450 INVERNESS, FL 34450 01162008 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number 35-2275444 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent THOMAS, MATTHEW SHANE 8990 E. SWEETWATER DR. INVERNESS, FL 34450

FILED Apr 10, 2008 08:00 Al Secretary of State

|--|--|

CR2E083 (12/07)

Applied For Not Applicable

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATÉ	
File After May	NOWIII FEE IS \$138.75 71, 2008 Fee will be \$538.75		U00000890512 04/22/08-80097-024_138_75	
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMAS, MATTHEW S 8990 E. SWEETWATER INVERNESS, FL 34450			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMAS, SHAUNA P 8990 E. SWEETWATER INVERNESS, FL 34450			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	i	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	HIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby certify that the information supplied with this fliing does not qualify for the exemptions contained in Chapter 119, Fiorida 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.				

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