


FILED  
Jan 24, 2006 8:00 am  
Secretary of State

01-24-2006 90042 042 \*\*\*\*\*55.00

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

20002509

<b>DOCUMENT # L05000083021</b>					
1. Entity Name <b>RANDY LEE SMITH FLOORING LLC</b>					
Principal Place of Business <b>5507 BAPTIST CHURCH RD, LOT 20 TAMPA, FL 33610</b>			Mailing Address <b>5507 BAPTIST CHURCH RD, LOT 20 TAMPA, FL 33610</b>		
2. Principal Place of Business <i>5507 Baptist Church Rd Lot 20</i>		3. Mailing Address <i>5507 Baptist Church Rd Lot 20</i>		01072006 Chg-LLC CR2E083 (11/05)	
Suite, Apt. #, etc. <i>Tampa FL</i>		Suite, Apt. #, etc. <i>Lot 20</i>		4. FEI Number <i>246-93-3620</i>	
City & State <i>33610 FL</i>		City & State <i>Tampa FL</i>		Applied For <input type="checkbox"/> Not Applicable	
Zip <i>33610</i>		Zip <i>33610</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Country <i>1711</i>		Country <i>1711</i>			
6. Name and Address of Current Registered Agent <b>SMITH, RANDY 5507 BAPTIST CHURCH RD, LOT 20 TAMPA, FL 33610</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>Randy Lee Smith</i> DATE <i>1-4-06</i> <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 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 SMITH, RANDY 5507 BAPTIST CHURCH RD, LOT 20 TAMPA, FL 33610	<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.					