## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 14, 2006 8:00 am Secretary of State

DOCUMENT # L05000093834  1. Entity Name JEF CARPET INSTALLATION, LLC					03-14-2006 90	•	**55.00	)
Principal Place 902 TEMPLE BRADENTON,	AVE	Mailing Address 902 TEMPLE AVE BRADENTON, FL 34207	US	I (KSHEN E	1 25121 2611 <b>22</b> 11 <b>22</b> 11 <b>22</b> 11	5 <b>00110 181910</b> 17181 182	188 MH GIRS	ede en 1801
1 Principal D	ace of Business	3. Mailing Address	<del></del>		444.1111			
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Suite, Apt.		Suite, Apt. #, etc.		02042006	Chg-LLC	CR2E083 (	11/05)	
City & Stat	, ( ) )	City & State		4. FEI Numb				olied For
Brace	lenton +1	bradento!	Country		one		Not 00 Addi	Applicable
3420	7 minatee	1_ '.	· · · · · · · · · · · · · · · · · · ·	5. Certificate	of Status Desired		Required	
10:5	6. Name and Address of Current I				Address of New R	egistered Ager	it	
LEUENTES	JOSE		Name				<i>-</i>	
FUENTES, JOSÉ 902 TEMPLE AVE BRADENTON, FL 34207			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
DIVIDENT	011,1 2 04207							
			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 Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
Filing Fee is \$50.00 Due by May 1, 2006								
						e check paya Department		,
	ue <b>by May 1, 2006</b> MANAGING MEMBE	RS/MANAGERS	10.		Fiorida ADDITIONS	Department CHANGES	of State	
9. TITLE	MANAGING MEMBE	RS/MANAGERS	TITLE	Vice Dres	ADDITIONS	CHANGES		Addition
9.	ue <b>by May 1, 2006</b> MANAGING MEMBE			vice Dres Adela m	ADDITIONS	CHANGES	of State	
9. TITLE NAME	MANAGING MEMBE MGRM FUENTES, JOSE		TITLE NAME	Vice Dres Adela m 402 Temp Braden	ADDITIONS	CHANGES	of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGRM FUENTES, JOSE 902 TEMPLE AVE		TITLE NAME STREET ADDRESS CIFY-ST-ZIP TITLE	402 Temp	ADDITIONS.	CHANGES	of State	
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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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/4/06

(<del>111</del>678)438-019