


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90020 024 \*\*\*\*50.00

<b>DOCUMENT # L05000100757</b>	
1. Entity Name <b>GRECO HARDWOOD FLOORS, LLC</b>	

Principal Place of Business <b>2703 COLUMBUS ST. BOISE ID 83705 US</b>	Mailing Address <b>2703 COLUMBUS ST. BOISE ID 83705 US</b>
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2. Principal Place of Business <b>1810 N Hampton Rd</b> Suite, Apt. #, etc.	3. Mailing Address <b>1810 N Hampton Rd</b> Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/05)

City & State <b>Boise Idaho</b>	City & State <b>Boise Idaho</b>
Zip <b>83704</b>	Country <b>USA</b>

4. FEI Number <b>82-0457000</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>MILLER, JOE D 64 CROSS CREEK ROAD APT. #2C DESTIN FL 32550</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GUNDERSEN, KIMBERLY R 2703 COLUMBUS ST. BOISE ID 83705</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GUNDERSEN, GREGORY S 2703 COLUMBUS ST. BOISE ID 83705</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 Section 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:** Gregory S. Gundersen **April 25, 06 208-713-3805**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #