

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115485

FILED
Apr 18, 2007
Secretary of State

Entity Name: AMERICAN WOOD FLOORING LLC

Current Principal Place of Business:

9320 US HWY 19
PORT RICHEY, FL 34668

New Principal Place of Business:

8805 MITCHELL BLVD
NEW PORT RICHEY, FL 34655

Current Mailing Address:

9320 US HWY 19
PORT RICHEY, FL 34668

New Mailing Address:

8805 MITCHELL BLVD
NEW PORT RICHEY, FL 34655

FEI Number: 06-1762529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNNING, PATRICK
36181 EAST LAKE RD
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

DUNNING, PATRICK
13618 DUNWOODY COURT
HUDSON, FL 34667 US

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: PATRICK A DUNNING

04/18/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DUNNING, PATRICK
Address: 36181 EAST LAKE RD
City-St-Zip: PALM HARBOR, FL 34685

Title: GMGR () Delete
Name: DUNNING, MARCIA JOHNSON
Address: 13618 DUNWOODY COURT
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DUNNING, PATRICK
Address: 13618
City-St-Zip: HUDSON, FL 34667

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: PATRICK A DUNNING

GM

04/18/2007

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