2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2006
Secretary of State

DOCUMENT# L05000116902

Entity Name: SUWANNEE FLOORING, LLC

Current Principal Place of Business:

9361 226TH STREET
O'BRIEN, FL 32071 US

New Principal Place of Business:

Current Mailing Address:

9361 226TH STREET
O'BRIEN, FL 32071 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BUCHANAN, CLAYTON W
9361 226TH STREET
O'BRIEN, FL 32071 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BUCHANAN, CLAYTON W
Address: 9361 226TH STREET
City-St-Zip: O'BRIEN, FL 32071 US

Title: MGRM ( ) Delete
Name: CORBIN, MICHAEL S
Address: 7019 139TH DRIVE
City-St-Zip: LIVE OAK, FL 32060 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: WILSON, EARL L
Address: 9361 226TH ST
City-St-Zip: O'BRIEN, FL 32071 US

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: CLAYTON W BUCHANAN MGRM 05/14/2006

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