


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 12, 2006 8:00 am
Secretary of State

06-12-2006 90336 014 ****50.00

DOCUMENT # L05000120737

1. Entity Name
J AND E CUSTOM FLOORING LLC



Principal Place of Business
 19330 SE 95 ST
 OCKLAWAHA FL 32179

Mailing Address
 19370 SE 95 ST
 OCKLAWAHA FL 32179



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
19330 SE 95th st
 Suite, Apt. #, etc.

City & State
Ocklawaha FL

City & State
Ocklawaha FL

Zip
32179

Country

4. FEI Number
20-3969472

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

TRACY, EMILY D
19330 SE 95 ST
OCKLAWAHA FL 32179

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 *Emily D Tracy* (NOTE: Registered Agent signature required when terminating) 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	MGRM TRACY, JOSEPH E 19330 SE 95 ST OCKLAWAHA FL 32179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRACY, EMILY D 19330 SE 95 ST OCKLAWAHA FL 32179	<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
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
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: *Emily Tracy* DATE: *June 5, 2006* Cell: *352-163-8924*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE DAYTIME PHONE #