


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90146 048 \*\*\*\*50.00

<b>DOCUMENT # L06000021679</b> 1. Entity Name <b>RICHARD J. ALLISON, FLOORING &amp; TILE INSTALLATION, LLC</b>					
Principal Place of Business <b>822 SPENCE CIRCLE NICEVILLE, FL 32578</b>			Mailing Address <b>822 SPENCE CIRCLE NICEVILLE, FL 32578</b>		
2. Principal Place of Business - No P.O. Box # <b>1519 18th Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>1519 18th Street</b> Suite, Apt. #, etc.			
City & State <b>Niceville, FL</b> Zip <b>32578</b> Country <b>USA</b>		City & State <b>Niceville, FL</b> Zip <b>32578</b> Country <b>USA</b>		4. FEI Number <b>20-4330150</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				01122007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>ALLISON, RICHARD J 822 SPENCE CIRCLE NICEVILLE, FL 32578</b>			7. Name and Address of New Registered Agent Name <b>Richard J. Allison</b> Street Address (P.O. Box Number is Not Acceptable) <b>1519 18th Street</b> City <b>Niceville, FL</b> Zip Code <b>32578</b>		
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 <u><i>Richard J. Allison</i></u> <b>Richard J. Allison, MGR</b> <u>1/19/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ALLISON, RICHARD J 822 SPENCE CIRCLE NICEVILLE, FL 32578</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ALLISON, RICHARD J 1519 18th Street Niceville, FL 32578</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SPENCE, MAXINE R 1519 18TH STREET NICEVILLE, FL 32578</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MUSA, JOSHUA 822 SPENCE CIRCLE NICEVILLE, FL 32578</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MUSA, JOSHUA 1519 18th Street Niceville, FL 32578</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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 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.					
<b>SIGNATURE: <u>Maxine R. Spence</u> Maxine R. Spence</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>1/19/07 (850) 217-7843</u> <small>Date Daytime Phone #</small>		

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