


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90153 014 ****55.00

DOCUMENT # L06000028764 1. Entity Name TFT CARPET INSTALLATION LLC					
Principal Place of Business 1209 SUWANEE DRIVE WEST PALM BEACH, FL 33409			Mailing Address 1209 SUWANEE DRIVE WEST PALM BEACH, FL 33409		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4615 Old Military tr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State W. P. B. FL		City & State W. P. B. FL		4. FEI Number 830452339	
Zip 33417		Country United States		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DOWDING, ROBERT L 1209 SUWANEE DRIVE WEST PALM BEACH, FL 33409			7. Name and Address of New Registered Agent Name Dowding, Robert L Street Address (P.O. Box Number is Not Acceptable) 4615 Old Military tr City West Palm Bch. FL Zip Code 33417		
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>Robert Dowding</u> MGR <u>Robert Dowding</u> MGR <u>02/02/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DOWDING, ROBERT L 1209 SUWANEE DRIVE WEST PALM BEACH, FL 33409	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Dowding, Robert L 4615 Old Military tr West Palm Beach, FL 33417
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Delete			
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		<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.					
SIGNATURE: <u>Robert Dowding</u> MGR <u>Robert Dowding</u> MGR <u>02/02/07</u> <u>(561) 294-7343</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					