


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 MAR 11 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000049746 1. Entity Name ELLIS FLOORCOVERING LLC	
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Principal Place of Business 1666 BRIAN WAY ST. AUGUSTINE, FL 32084	Mailing Address 1666 BRIAN WAY ST. AUGUSTINE, FL 32084
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2. Principal Place of Business - No P.O. Box # 2634 Sopchoppy Hwy Suite, Apt. #, etc.	3. Mailing Address 2634 Sopchoppy Hwy Suite, Apt. #, etc.
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City & State Sopchoppy FL Zip 32358 Country USA	City & State Sopchoppy FL Zip 32358 Country USA
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03112008 Chg-LLC CR2E083 (12/06)

4. FEI Number 56-2534741	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ELLIS, WILLIAM D 1666 BRIAN WAY ST. AUGUSTINE, FL 32084	7. Name and Address of New Registered Agent Name <u>William D. Ellis</u> Street Address (P.O. Box Number is Not Acceptable) <u>2634 Sopchoppy Hwy</u> City <u>Sopchoppy</u> FL Zip Code <u>32358</u>

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELLIS, WILLIAM D 1666 BRIAN WAY ST. AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Ellis William D 2634 Sopchoppy Hwy Sopchoppy FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800120879083 03/21/08--01008--003 **138.75
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
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.

SIGNATURE: William D Ellis Date: 3-11-08 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE