


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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| DOCUMENT # L06000105594 | |  |
| 1. Entity Name VISION FLOORING INSTALLATION LLC | | |

2007 SEP 20 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| Principal Place of Business 118 IRA AVE AKRON, OH 44301 | Mailing Address 118 IRA AVE AKRON, OH 44301 |
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| 2. Principal Place of Business - No P.O. Box # AKRON 118 IRA AVE Suite, Apt. #, etc. | 3. Mailing Address SAME |
| City & State AKRON OH 44301 | City & State |
| Zip 44301 | Country SUMMIT |



09062007 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 276 34 1329 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |
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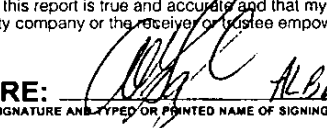
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| 6. Name and Address of Current Registered Agent TAYLOR, ALBERT L 34 TANGELO DR WINTER HAVEN, FL 33884 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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| 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  DATE 9/14/07 (NOTE: Registered Agent signature required when reinstating) |
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| Filing Fee is \$50.00 Due by September 14, 2007 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR TAYLOR, ALBERT L 118 IRA AVE AKRON, OH 44301 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 100109880111 09/25/07--01017--019 **55.00 |
| 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 |
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| 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:  ALBERT L. TAYLOR DATE 9/14/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone # | |
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