
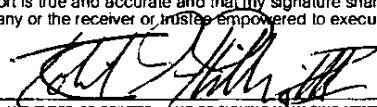


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 06, 2007 8:00 am**  
**Secretary of State**

09-06-2007 90037 017 \*\*\*\*50.00

<b>DOCUMENT # L06000118162</b> 1. Entity Name <b>ARTISAN FLOOR CRAFT LLC</b>					
Principal Place of Business <b>320 SE 71ST ST. GAINESVILLE, FL 32641</b>			Mailing Address <b>320 SE 71ST ST. GAINESVILLE, FL 32641</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		08272007    Chg-LLC    CR2E083 (12/06)	
Zip		Country		4. FEI Number <b>591620101</b>	
Zip		Country		5. Certificate of Status Desired: <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PHILLIPS, ROBERT T 320 SE 71ST ST. GAINESVILLE, FL 32641</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by September 14, 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	MGR PHILLIPS, ROBERT T 320 SE 71ST ST. GAINESVILLE, FL 32641			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<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:</b> 				Date <b>9-1-07</b> Daytime Phone # <b>352-262-7667</b>	