2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000039487

Entity Name: ANY & ALL FLOORING L.L.C.

Current Principal Place of Business:	**New Principal Place of Business:**
3620 9TH AVE NORTH SAINT PETERSBURG, FL 33713	3626 9TH AVE NORTH SAINT PETERSBURG, FL 33713

Current Mailing Address:	**New Mailing Address:**
3626 9TH AVE NORTH SAINT PETERSBURG, FL 33713	

FEI Number: 64-0961837   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
GESSNER, PAUL A 3620 9TH AVE NORTH SAINT PETERSBURG, FL 33713 US	GESSNER, PAUL A 3626 9TH AVE NORTH SAINT PETERSBURG, FL 33713 US

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.

SIGNATURE: _____   04/13/2008
                    Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete		Title:	MGR (X) Change ( ) Addition
Name:	GESSNER, PAUL A		Name:	GESSNER, PAUL A
Address:	3620 9TH AVE NORTH		Address:	3626 9TH AVE NORTH
City-St-Zip:	SAINT PETERSBURG, FL 33713		City-St-Zip:	SAINT PETERSBURG, FL 33713
Title:	( ) Delete		Title:	MGRM ( ) Change (X) Addition
Name:			Name:	DEROCCO, MARILYN S
Address:			Address:	3626 9TH AVE NORTH
City-St-Zip:			City-St-Zip:	SAINT PETERSBURG, FL 33713

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PAUL A GESSNER   MGR   04/13/2008
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date