ile on o	or before May 1, 1999 or L to a \$ 400.00 LATE FEE.	.imited	Liability Co	ompany will	be					
LIMITED LIABILITY COMPANY ANNUAL REPORT 1999  FLORIDA DEPARTMENT OF STATE  Katherine Harris Secretary of State DIVISION OF CORPORATIONS						FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS				
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee						99 APR 26 AM 1:32				
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Mailing Address DOCLIMENT # 1 4700000016										
CASTLE CARPET, L.C. 1340 NORTH CLEARVIEW AVENUE TAMPA FL						1a. Principal Place of Business Address  1340 NORTH CLEARVIEW AVENUE TAMPA FL				
Principal Place of Business			ng Address	3. D	3. Date Organized or Qualified		3a. State of Formation			
Suite, Apt. #, etc.		Suito Ant	# oto		12	12/24/1996			FL	
•		Suite, Apt. #, etc.			4. F	4. FEI Number			Applied For	
City & State		City & State			L	59-3435414			Not Applicable	
Zip (	Country	Zip		Country	1	ate of Last Re	· [		te of Status Desired	
7. Name and Address of Current Regis			33607			04/13/1998 Name and Address of New Reg				
HODGES, GEOFFREY TODD ESQ 400 NORTH TAMPA STREET SUITE 2630 TAMPA FL 33602					Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc  City  Zip Code					
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.										
SIGNATURE										
10. Title	<del></del>		<del>                                     </del>	ess		City,	, State and Zip Code			
MGRM MGRM	CASTLE FLOOR COVE			ORTH CLEA		ł	TAMPA TAMPA			
MGRM	BP FLOORING, INC.		1340 NC	ORTH CLEA	RVIEW	AVENU	TAMPA	FL	j	
NGRM	JP FLOORING, INC.		1340 NO	ORTH CLEA	RVIEW	AVENU	TAMPA	FL		
MGRM	PINTCHUCK FLOORIN	G, IN	1340 NO	ORTH CLEA	RVIEW	AVENU	TAMPA	FL		
١		-     				1	∩∩∩2 -05/0	*866 7/990	3508 11017004 ****188.75	
11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i). Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.										
SIGNATURE: SIGNATURE: 410/99 (3/38/77-1823) SIGNATURE: THE OR PRINTED ON PRINTED HAVE ON SIGNAL MEMBER ON MANAGER THE PRINTED BUSINESS PRINTED BY THE PRINTE										