


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90349 007 \*\*\*\*50.00

<b>DOCUMENT #M03000001494</b> 1. Entity Name <b>MASLAND CARPETS, LLC</b>					
Principal Place of Business <b>185 SOUTH INDUSTRIAL BLVD CALHOUN, GA 30701</b>			Mailing Address <b>2208 SOUTH HAMILTON STREET DALTON, GA 30721</b>		
2. Principal Place of Business <b>2208 S Hamilton St.</b> Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State <b>Dalton, GA</b>		City & State  		4. FEI Number <b>51-0460748</b>	
Zip <b>30721</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</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 DEMPSEY, KENNETH L 716 BILL MYLES DR. SARALAND, AL 36571	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARMON, GARY A 2208 SOUTH HAMILTON STREET DALTON, GA 30721	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LASATER, D. EUGENE 2208 SOUTH HAMILTON STREET DALTON, GA 30721	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIS, W. DEREK 2208 SOUTH HAMILTON STREET DALTON, GA 30721	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WRIGHT, GREG 716 BILL MYLES DR SARALAND, AL 36571	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KLEIN, STARR T 345-B NOWLIN LANE CHATTANOOGA, TN 37421	<input type="checkbox"/> Delete			
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.			<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>SIGNATURE: <u>William Edwards, William Edwards</u></b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div style="width: 20%;"> <b>3/13/06</b>  <small>Date</small> </div> <div style="width: 20%;"> <b>(706) 876-5837</b>  <small>Daytime Phone #</small> </div> </div>		