2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT** DOCUMENT # M03000001820 1. Entity Name FLOORING HQ, LLC Principal Place of Business Mailing Address 4426 NORTH ORANGE BLOSSOM TRL 425 MERCER ST ORLANDO, FL 32804 PO BOX 98 VOLANT, PA 16156 DO NOT WRITE IN THIS SPACE

CITY-ST-ZIP

SIGNATURE: chimes Traweek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING

FILED Apr 07, 2005 08:00 AM Secretary of State

CR2E083 (10/03)

Applied For

Not Applicable



03092005No Chg-LLC

4. FEI Number 77-0602073

\$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TRAWEEK, JAMES W DO NOT WRITE 4426 NORTH ORANGE BLOSSOM TRL ORLANDO, FL 32804 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling) Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS MGRM TITLE NAME TGA HOLDING COMPANY 4426 N ORANGE BLOSSOM TRL STREET ADDRESS CITY - ST- ZIP ORLANDO, FL 32804 U00000292711 - 04/07/05-80083-001 50.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 cath, 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.

R. OR AUTHORIZED REPRESENTATIVE