

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE	
ANNUAL REPORT		Sandra B. Mortham	
1998		Secretary of State	
		DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # M97000000373	
BLUE LUSTRE, LLC 8707 NORTH BY NORTHEAST BLVD., SUITE 200 FISHERS IN 46038		1a. Principal Place of Business Address 8707 NORTH BY NORTHEAST BLVD FISHERS IN 46038	
2. Principal Place of Business Rug Doctor, LP	2a. Mailing Address same	3. Date Organized or Qualified 06/24/1997	3a. State of Formation IN
Suite, Apt. #, etc. 2788 N. Larkin Avenue	Suite, Apt. #, etc.	4. FEI Number 35-200-1425	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State Fresno, CA 93727	City & State	5. Date of Last Report first rept.	6. Certificate of Status Desired SB 75 Additional Fee Required <input type="checkbox"/>
Zip 93727	Country	Zip	Country
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code	
		500002464315--2 -03/20/98--01127--013 ****188.75 ****188.75 FL	
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 _____		DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MBR	DAVIDIAN, TIM	2788 N. LARKIN AVENUE	FRESNO CA
11. I do 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: _____		4/27/98 (209) 2915511	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	