


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 19, 2006 08:00 A**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # L04000039621<br>1. Entity Name<br>KLP INTERIORS LLC |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br>550 BILTMORE WAY, SUITE 970<br>CORAL GABLES, FL 33134 | Mailing Address<br>550 BILTMORE WAY, SUITE 970<br>CORAL GABLES, FL 33134 |
|--|--|

**DO NOT WRITE IN THIS SPACE**



05042006No Chg-LLC      CR2E083 (11/05)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>33-1093176 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|---|---------------------------------------|

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>REGISTERED AGENTS OF FLORIDA, LLC<br>100 SOUTHEAST 2ND STREET, SUITE 2900<br>MIAMI, FL 33131 |
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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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small> | <small>(NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|--|---|------------|

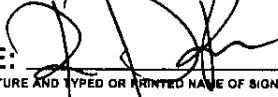
**Filing Fee is \$50.00  
Due by September 6, 2006**

| 9. MANAGING MEMBERS/MANAGERS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | MGRM<br>PEEBLES, DONAHUE R<br>550 BILTMORE WAY, SUITE 970<br>CORAL GABLES, FL 33134 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | MGRM<br>PEEBLES, KATRINA L<br>550 BILTMORE WAY, SUITE 970<br>CORAL GABLES, FL 33134 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |

U00000565535  
05/20/06-20130-011 50.00

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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.

|   |               |                 |
|---|---------------|-----------------|
| SIGNATURE:               | Date: 5/02/06 | Daytime Phone # |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> |               |                 |