2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE

Apr 29, 2005 08:00 AM Secretary of State DOCUMENT # L03000047421 1. Entity Name T.J. MACLAFFERTY WOODWORKING LLC Principal Place of Business Mailing Address 12700 SW 33RD STREET MIRAMAR FL 33027-2801 12700 SW 33RD STREET MIRAMAR FL 33027-2801 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) Applied For City & State City & State 4. FEI Number 59-0797968 Not Applicable Zip \$5.00 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WASSERSTROM, KEITH Street Address (P.O. Box Number is Not Acceptable) 1909 TYLER ST. PENTHOUSE HOLLYWOOD FL 33020 Zip Code City FL 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 titled applicable. [NCTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. Addition Change TITLE MGRM Delete TITLE NAME MACLAFFERTY, T.J. NAME STREET ADDRESS STREET ADDRESS 12700 SW 33RD STREET CITY - ST - ZIP MIRAMAR FL 33027-2801 CHY-ST-ZIP ☐ Change IIILE ☐ Addition THEE ☐ Delete U00000342226 04/29/05-80045-025 **5**0.00 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete THLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP HILLE Change Addition TITLE Delete NAME STREE1 ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Change ☐ Addition ☐ Defete HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY_ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition THLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLLY - ST - ZIP 11. I hereby certify that the information supplied with his 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 reports true and hat 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 eceiver or trystee empowered to execute this report as required by Chapter 608, Florida Statutes.

AND TYPED OR PRINTED MAYE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED