


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L04000039621 1. Entity Name KLP INTERIORS LLC	
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Principal Place of Business 550 BILTMORE WAY, SUITE 970 CORAL GABLES, FL 33134	Mailing Address 550 BILTMORE WAY, SUITE 970 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



05042006No Chg-LLC CR2E083 (11/05)

4. FEI Number 33-1093176	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent REGISTERED AGENTS OF FLORIDA, LLC 100 SOUTHEAST 2ND STREET, SUITE 2900 MIAMI, FL 33131

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

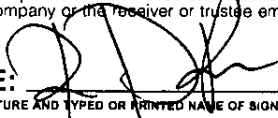
**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM PEEBLES, DONAHUE R 550 BILTMORE WAY, SUITE 970 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM PEEBLES, KATRINA L 550 BILTMORE WAY, SUITE 970 CORAL GABLES, FL 33134
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U00000565535
05/20/06-20130-011 50.00

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IN THIS SPACE**

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 # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE