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2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State
02-25-2008 90132 026 ***138.75

DOCUMENT # L07000104961

1. Entity Name
ENGLISH POINTER INTERIORS, LLC

Principal Place of Business	Mailing Address
12720 BROLEMAN RD. ORLANDO, FL 32832	12720 BROLEMAN RD. ORLANDO, FL 32832

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01222008 Chg-LLC CR2E083 (12/06)

4. FEI Number 75-3259092 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ABASCAT, CAMELLA 12720 BROKEMAN ROAD ORLANDO, FL 32832	Name ABASCAL, CAMELLA Street Address (P.O. Box Number is Not Acceptable) 12720 BROLEMAN ROAD City ORLANDO FL Zip Code 32832

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], CAMELLA ABASCAL — 02-18-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABASCAT, CAMELIA 12720 BROLEMAN RD. ORLANDO, FL 32832	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABASCAL, CAMELLA 12720 BROLEMAN RD ORLANDO, FL 32832	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAMOS, AMY 12720 BROLEMAN RD. ORLANDO, FL 32832	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMY RAMOS 600 FALLSMEAD CIRCLE LONGWOOD, FL 32750	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] AMY RAMOS 2/18/08 4075295800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #