2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 20, 2006 08:00 Al Secretary of State DOCUMENT # L01000005990 LALÉH INTERIORS, L.L.C. Mailing Address Principal Place of Business 16501 VIA VENITIA EAST 16501 VIA VENITIA EAST DELRAY BEACH, FL 33484 DELRAY BEACH, FL 33484 CR2E083 (11/05) 04052006 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1112647 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE GOTTLEIB, LALEH 5840 NW 42ND TERRACE BOCA RATON, FL 33496 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS TITLE MGRM NAME GOTTLIEB, LALEH 16501 VIA VENITIA E STREET ADDRESS U00000520538 DELRAY BEACH, FL 33484 CITY-ST-ZIP 05/02/06-80098-009 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 cath; 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. limited liability company

SIGNATURE:

Inle NAME STREET ADDRESS CITY-ST-ZIP

OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #