2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 03, 2004 08:00 AM Secretary of State **DOCUMENT # L02000005813** UNITED FLORAL EXCHANGE, L.L.C. Principal Place of Business Mailing Address 7110 NW 50TH ST. 7110 NW 50TH ST. MIAMI, FL 33166 MIAMI, FL 33166 01062004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0682037 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RODRIGUEZ, CARLOS D DO NOT WRITE 7110 NW 50TH ST. MIAMI, FL 33166 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE U00000150390 Filing Fee is \$50.00 Due by May 1, 2004 05/04/04-80004-012 50.00 9, MANAGING MEMBERS/MANAGERS MGRM TITLE RODRIGUEZ, CARLOS D NAME STREET ADDRESS 7110 NW 50TH ST. CITY-\$T-ZIP MIAMI FL 33166 MGRM TITLE BADAL, REY NAME STREET ADDRESS 7110 NW 50TH ST. CITY-ST-ZIP MIAMI, FL 33166 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that physignature 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: X SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #

FILED