2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2005
Secretary of State

DOCUMENT# L03000016259

Entity Name: INTERIOR/EXTERIOR, LLC

Current Principal Place of Business:

9264 CORRAL VIEW
LAKE WORTH, FL 33467

New Principal Place of Business:

1300 PINE TREE DRIVE, STE #4
INDIAN HARBOR BEACH, FL 32937

Current Mailing Address:

9264 CORRAL VIEW
LAKE WORTH, FL 33467

New Mailing Address:

1300 PINE TREE DRIVE, STE #4
INDIAN HARBOR BEACH, FL 32937

FEI Number: 65-1110646 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PARTLOW, WAYNE A
9264 CORRAL VIEW
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

PARTLOW, WAYNE A
1300 PINE TREE DRIVE, STE #4
INDIAN HARBOR BEACH, FL 32937 US

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.

SIGNATURE: 07/11/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PARTLOW, WAYNE A
Address: 9264 CORRAL VIEW
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PARTLOW, WAYNE A
Address: 1300 PINE TREE DRIVE, STE #4
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

I hereby certify that the information supplied with this filing does not qualify for the 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 my electronic 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: WAYNE A. PARTLOW PRES 07/11/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date