2006 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Jul 24, 2006 08:00 AM DOCUMENT # L03000028964 **Secretary of State** COMFORT MASTER INTERNATIONAL, L.L.C. Principal Place of Business Mailing Address 2143 HARBOR COVE WAY 2143 HARBOR COVE WAY WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787 07202006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 45-0521149 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent FABRIKANT, KEVIN H DO NOT WRITE 1250 E. HALLANDALE BEACH BLVD., STE. 710 HALLANDALE, FL 33009 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 U00000572152 07/25/06-80017-019 50.00 Due by September 6, 2006 MANAGING MEMBERS/MANAGERS 9. MGR TITLE JOHNSON, LARRY W MGR NAME STREET ADDRESS 2143 HARBOR COVE WAY CITY-ST-ZIP WINTER GARDEN, FL 34787 me STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

W. Johnson SIGNATURE AND TYPED-OF PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CITY-ST-ZIP