

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


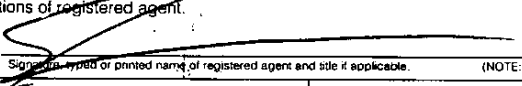
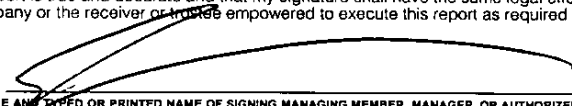
FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90049 020 ***138.75

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03262008 Chg-LLC CR2E083 (12/06)

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|--|---|--|--|---|--|
| DOCUMENT # L03000031483 | | | |  | |
| 1. Entity Name BALI HI IMPORTS L.L.C. | | | | | |
| Principal Place of Business 5480 NORTH OCEAN DRIVE, PHA-B RIVIERA BEACH, FL 33404 | | | Mailing Address 5480 NORTH OCEAN DRIVE, PHA-B RIVIERA BEACH, FL 33404 | | |
| 2. Principal Place of Business - No P.O. Box # 407 Avenue H Suite, Apt. #, etc. | | | 3. Mailing Address 407 Avenue H Suite, Apt. #, etc. | | |
| City & State Fort Pierce, FL | | City & State Fort Pierce, FL | | 4. FEI Number 80-0096776 | |
| Zip 34950 | Country USA | Zip 34950 | Country USA | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LIETSINGER, RICHARD 5480 NORTH OCEAN DRIVE PENTHOUSE A-B RIVIERA BEACH, FL 33404 | | | | 7. Name and Address of New Registered Agent Name Edwin Dunford Street Address (P.O. Box Number is Not Acceptable) 407 Avenue H City Fort Pierce FL Zip Code 34950 | |
| 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  (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 DUNFORD, EDWIN LEE PO BOX 2050 VERO BEACH, FL 32461 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | XX Change <input type="checkbox"/> Addition 407 Avenue H Fort Pierce, FL 34950 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LIETSINGER, RICHARD 5480 NORTH OCEAN DRIVE, PHA-B RIVIERA BEACH, FL 33404 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 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:  | | | 772-461-2120 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |