2004 LIMITED LIABILITY COMPANY

May 03, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L03000046062** 05-03-2004 90142 035 ****50.00 **RUGS & STUFF LLC** Mailing Address Principal Place of Business 2832 21ST STREET W 2832 21ST STREET W BRADENTON, FL 34205 US BRADENTON, FL 34205 2. Principal Place of Business 1 50 8 28 Th AVE W 3. Mailing Address 1008 28th AVE W Suite, Apt. #, etc. Suite, Apt. #, etc. 05012004 Chg-LLC CR2E083 (10/03) City & State Applied For 4. FEI Number City & State BRADENTON 200411759 Not Applicable BRADENTON H Country \$5.00 Additional 5. Certificate of Status Desired νS 34205 Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent TEFFREY WALSH WALSH, JEFFREY C Street Address (P.O. Box Number is Not Acceptable) **2832 21ST STREET W BRADENTON, FL 34205** Zip Code 2 # 205 BRAD ENTON 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 DEFENS C. Wold TEFREY C WAS SH Sprande, typed or presed name of registered agent and title if applicable. (NOTE: R (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by September 8, 2004 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS MERM MGRM ☐ Delete TITLE Change ☐ Addition JEFFREY C WALSH WALSH, JEFFREY C NAME NAME 1008 28th AVE W STREET ADDRESS **2832 21ST STREET W** STREET ADDRESS BRADENTON FL 34205 CITY-ST-7IP CITY-ST-7IP BRADENTON, FL 34205 ☐ Delete TITLE Addition TITLE WALSH, PEGGY A NAME 28th AVE W 2832 21ST STREET W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34205 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADORESS CITY-ST-7P CITY-ST-7IP ☐ Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ Delete TITLE TITLE NAME NAME

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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 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.

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SIGNATURE: Jeffry	walsh	JEFFREY C WALSH	APRIC 20 2004	941 748 166
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date	Daytime Phone #