2005 LIMITED LIABILITY COMPANY

Mar 28, 2005 8:00 am Secretary of State ANNUAL REPORT 03-28-2005 90286 009 ****50.00 **DOCUMENT # L03000049092** 1. Entity Name SCENIC INTERIORS LLC Principal Place of Business Mailing Address 20025042 48 WEST CENTRAL AVENUE 48 WEST CENTRAL AVENUE LAKE WALES, FL 33853 LAKE WALES, FL 33853 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02282005 CR2E083 (10/03) Cha-LLC City & State City & State 4. FEI Number Applied For 20-0482403 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 City Zip Code 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 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE TITLE □ Delete ☐ Change ☐ Addition RUTHERFORD, CHARLES E NAME NAME STREET ADDRESS 48 WEST CENTRAL AVENUE STREET ADDRESS LAKE WALES, FL 33853 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition RUTHERFORD, CHARLES E NAME 48 WEST CENTRAL AVENUE STREET ADORESS STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33853 CITY-ST-712 ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 acquirate 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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED