FROM :

FAX NO. :

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FILED
May 13, 2005 8:00 am
Secretary of State

04-19-2005 90028 047 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000003300

1. Entity Name:
EXOTIC WOOD, L.L.C.

30006314

Principal Place of Business	Mailing Address
2335 TROPICALE SHORES DRIVE S.E. ST. PETERSBURG, FL 33705	2335 TROPICALE SHORES DRIVE S.E. ST. PETERSBURG, FL 33705

01032005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
2909 4th Street North	P.O. Box 7866
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Petersburg, Florida	City & State: St. Petersburg, Florida
Zip: 33704 Country: Pinellas	Zip: 33734 Country: Pinellas

4. FEI Number: 32-0106380 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCLEOD, PHILIP A ESQ
540 4TH STREET NORTH
ST. PETERSBURG, FL 33701

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 ____________________ DATE

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vinita Junor 2909 4th Street North St. Petersburg, FL 33704 ~~Member/Organizer~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing 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.

SIGNATURE: [signature] 4/14/05 (727) 823-2527

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #