2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED Mar 08, 2007 08:00 AM **DOCUMENT # L04000007602** Secretary of State FLOÓRS-N-MORE LLC Principal Place of Business Mailing Address 7832 TEMPLE AVE. 7832 TEMPLE AVE. PANAMA CITY BEACH, FL 32413 PANAMA CITY BEACH, FL 32413 03062007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 42-1665335 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent TURNER, BARRY R DO NOT WRITE 7832 TEMPLE AVE. PANAMA CITY BEACH, FL 32413 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS MGRM TITLE TURNER, BARRY R NAME STREET ADDRESS 7832 TEMPLE AVE. PANAMA CITY BEACH, FL 32413 CITY-ST-ZIP TITLE NAME 000000659746 03/16/07-80042-019 50.00 STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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 AND TYPED OR PRINTED JOME OF EXONENG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE