

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000039621</b>					
<b>1. Entity Name</b> KLP INTERIORS LLC					
<b>Principal Place of Business</b> 550 BILTMORE WAY, SUITE 970 CORAL GABLES, FL 33134			<b>Mailing Address</b> 550 BILTMORE WAY, SUITE 970 CORAL GABLES, FL 33134		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>			
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>	<b>4. FEI Number</b> 33-1093176	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  REGISTERED AGENTS OF FLORIDA, LLC 100 SOUTHEAST 2ND STREET, SUITE 2900 MIAMI, FL 33131			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
<b>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.</b>			<b>FL</b>		
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEEBLES, DONAHUE R 550 BILTMORE WAY, SUITE 970 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEEBLES, KATRINA L 550 BILTMORE WAY, SUITE 970 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
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<b>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.</b>					
<b>SIGNATURE:</b> <i>Judith Gaskell</i> <b>JUDITH GASKELL</b> <b>DESIGNATED REP</b> <b>4/12/07</b> <b>(305) 442-4342</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					