2006 LIMITED LIABILITY COMPANY

Mar 24, 2006 8:00 am Secretary of State **ANNUAL REPORT** 03-24-2006 90219 012 ****50.00 DOCUMENT # L05000121932 1. Entity Name MURPHY ROBE SALES, LLC euu20439 Principal Place of Business Mailing Address 4200 31ST STREET NORTH 4200 31ST STREET NORTH ST. PETERSBURG, FL 33714 US ST. PETERSBURG, FL 33714 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03212006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-4338952 Not Applicable Zip_ Country Zip Country \$5.00 Additional 5. Certificate of Status Desired ----6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANDREW SERVICE CORPORATION OF FLORIDA Street Address (P.O. Box Number is Not Acceptable) 201 N. FRANKLIN STREET **SUITE 2100** TAMPA, FL 33602 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. SIĞNATURE 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, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGRM ☐ Delete TITLE ☐ Change Addition CAMPAGNA, DONALD N. 4200 31ST STREET NORTH NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG, FL 33714 ☐ Change FITLE ☐ Delete TITLE MGRM **Addition** CAMPAGNA RUTH A. 4200 31ST STREET NORTH ST PETENSBURG FL 33714 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 mastee endpowered to execute this report as required by Chapter 608, Florida Statutes.

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

FILED

3-21.06

Daytime Phone #