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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

04282007 Chg-LLC CR2E083 (12/06)

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000007164

1. Entity Name
FLORIDA INTERNATIONAL BUILDERS SHOWROOM, LLC

Principal Place of Business	Mailing Address
~~79 COVENTRY~~	79 COVENTRY
~~SUITE 6~~	SUITE 6
~~NEWPORT, VT 05855 US~~	NEWPORT, VT 05855 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3730 Coconut Creek Pkwy	
Suite, Apt. #, etc. #120	Suite, Apt. #, etc.
City & State Coconut Creek FL	City & State
Zip 33066 Country USA	Zip Country

4. FEI Number ☐ Applied For ☑ Not Applicable

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

6. Name and Address of Current Registered Agent

~~CORPORATION SERVICE COMPANY~~
~~1201 HAYS STREET~~
~~TALLAHASSEE, FL 32301~~

7. Name and Address of New Registered Agent

Name Richard Parenteau Sr
Street Address (P.O. Box Number is Not Acceptable) 3730 Coconut Creek Pkwy, #120
City Coconut Creek FL Zip Code 33066

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] Richard Parenteau Sr April 27, 2007
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

BK

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PARENTEAU, RICHARD		NAME		
STREET ADDRESS	79 COVENTRY, SUITE 6		STREET ADDRESS		
CITY-ST-ZIP	NEWPORT, VT 05855		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] Richard Parenteau Sr April 27, 2007 1-800-613-0656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #