2007 LIMITED LIABILITY COMPANY

Apr 25, 2007 8:00 am Secretary of State

04-25-2007 90043 035 ****50.00

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ANNUAL REPORT	
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DOCUMENT # L06000051874 1. Entity Name YC DESIGN LLC Principal Place of Business Mailing Address 321 SE 10TH STREET 321 SE 10TH STREET POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 04162007 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For City & State City & State Not Applical Zip Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRANSON, BRUCE Street Address (P.O. Box Number is Not Acceptable) 321 SE 10TH STREET POMPANO BEACH, FL 33060 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 acce 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 Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. ☐ Addit MGR Change TITLE Delete TITLE XIANG, YINCHOU NAME NAME STREET ADDRESS STREET ADDRESS 321 SE 10TH STREET CITY-ST-ZIP POMPANO BEACH, FL 33060 CITY-ST-ZIP ☐ Change ☐ Addit TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addit ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addit TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addit ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addit 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.