2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Jul 30, 2007 8:00 am Secrétary of State

07-30-2007 90028 034 ****50.00

DOCUMENT # L06000053588 BAMBOO STRUCTURAL PRODUCTS, LLC 60053717 Principal Place of Business Mailing Address 46 N. WASHINGTON BLVD., #1 46 N. WASHINGTON BLVD., #1 SARSOTA, FL 34236 SARSOTA, FL 34236 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07212007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For X Not Applicable Country Zio Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LPS CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 46 N. WASHINGTON BLVD., #1 SARASOTA, FL 34236 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. SIGNATURE Signature typed or printed name of registered agent and trille it applicables (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 14, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE TITLE Change ☐ Addition ☐ Delete SIEGLER, MORTON A NAME NAME STREET ADDRESS 46 N. WASHINGTON BLVD., #1 STREET ADDRESS SARSOTA, FL 34236 CITY - ST - ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP TITLE Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP 11. I hereby certify that the information supplied with this filling 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.

ROBERT RENHARD SIGNATURE: PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE