2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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SIGNATURE AND TYPED OR PRI

Jan 17, 2007 8:00 am Secretary of State DOCUMENT # L06000068702 01-17-2007 90011 038 ****50.00 BLACKWOOD & GOLDMAN DESIGN GROUP, LLC Principal Place of Business Mailing Address . 1 611 PONCE DE LEON DRIVE, SUITE 2 611 PONCE DE LEON DRIVE, SUITE 2 FT. LAUDERDALE, FL 33316 FT. LAUDERDALE, FL 33316 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt. # etc. Suite, Apt. #, etc. 01092007 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number 20-5210191 Not Applicable Zip Country 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 KROOP & SCHEINBERG, P.A. Street Address (P.O. Box Number is Not Acceptable) 800 WEST AVENUE, SUITE C-A MIAMI BEACH, FL 33139 City Zip Code FL 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 title if applicable. (NOTE Registered Agent signature required when reinstating) 200 July 42 of F.C NO DESIGNO OF LINES OF A Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. TITLE MANAGER ETHAN R. GOLDMAN Delete TITLE Change ■ Addition NAME NAME 611 PONCE DELEON DR#2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP FT. LAUDER DALE, FL 33316 TILLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ 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 ☐ Change Addition TITLE Delete . . 71TEE NAME NAME STREET ADDRESS STREET ADDRESS រាជធ្វេក ស្រាស់ ១៨៨៤០១០ CITY-ST-ZIP # City-St-ZiP ectivith this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information and find that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the the third statutes. 11. I hereby certify that the information supplindicated on this report is true and accurate

NAME OF SIGNING MANAGING WEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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