2008 LIMITED LIABILITY COMPANY

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

FILED ANNUAL REPORT Apr 24, 2008 08:00 AN Secretary of State DOCUMENT # L06000085855 1. Entity Name **COLLINS INTERIORS, LLC** Principal Place of Business Mailing Address 1211 GULF OF MEXICO DRIVE 1211 GULF OF MEXICO DRIVE PH 907 PH 907 LONGBOAT KEY, FL 34228 US LONGBOAT KEY, FL 34228 04112008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-5471092 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GARDNER, BARBARA DO NOT WRITE 1211 GULF OF MEXICO DRIVE PH 907 IN THIS SPACE LONGBOAT KEY, FL 34228 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 1100000920754 After May 1, 2008 Fee will be \$538.75 05/14/08-80056-014 138 75 MANAGING MEMBERS/MANAGERS TITLE **MGRM** GARDNER, BARBARA NAME 1211 GULF OF MEXICO DRIVE PH 907 STREET ADDRESS LONGBOAT KEY, FL 34228 CITY+ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADORESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

Muns 4/11/08 60A-658-5308