2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90076 005 ****50.00 **DOCUMENT # L06000114776** D & O INTERIOR FINISHING LLC Principal Place of Business Mailing Address 480 REED CANAL ROAD **480 REED CANAL ROAD** SUITE 18 SUITE 18 SOUTH DAYTONA, FL 32119 SOUTH DAYTONA, FL 32119 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04172007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 36-46012 Not Applicable Zip Country Zip 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 BUNN, DOUGLAS L Street Address (P.O. Box Number is Not Acceptable) 480 REED CANAL ROAD SUITE 18 SOUTH DAYTONA, FL 32119 Zip Code City 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 4 (NOTE: Registered Agent signature required when reinstating) e, typed or printed name of registered agent and title if applicable Filing Fee is \$50.00 Make check payable to Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM' Addition TITLE Change TITLE ☐ Delete BUNN, DOUGLAS L NAME NAME STREET ADDRESS 480 REED CANAL ROAD, SUITE 18 STREET ADDRESS SOUTH DAYTONA, FL 32119 CITY-ST-ZIP CITY-ST-ZIP TITLE MGRM Delete TITLE ☐ Change Addition KEEFER, OLIVER W NAME NAME STREET ADDRESS 480 REED CANAL ROAD, SUITE 18 STREET ADDRESS CITY-ST-7IP SOUTH DAYTONA, FL 32119 CITY-ST-ZIP TITLE □ Delete TIFLE ☐ Change ☐ 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-ST-ZIP TITLE Delete TITLE ☐ Channe Addition NAME NAME

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.

TITLE

NAME STREET ADORESS

CITY-ST-ZIP

☐ Delete

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP TITLE

NAME

4-27-07

386-547-1711

☐ Addition

Date

Daytime Phone #

☐ Change

FILED