## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 22, 2008 8:00 am Secretary of State

| DOCUMENT # L07000026444  1. Entity Name PANDA KITCHEN & BATH EXPO CENTER OF PEMBROKE PINES, LLC.   |   |   |   |   | 01-22-2008 90119 016 ***138.75 |                       |   |   | 8.75                                   |
|--|---|---|---|---|--------------------------------|-----------------------|---|---|--|
| Principal Plac   | e of Business   | Mailing Address                         |   |   |                                |                       | • •   |   |  |
| 3250 NW 77   |   | 3250 NW 77 CT                           |   |   |                                | 0000                  |   |   |  |
| MIAMI, FL 33122  |   | MIAMI, FL 33122                         |   |   | 60002711                       |                       |   |   |  |
|  |   |   |   |   | <br>                           |                       | — —<br>I bille heig i                             | NIO SERA BIBIL DI                             | 681 331 1881                           |
| 2. Principal P   | Place of Business - No P.O. Box #   | 3. Mailing Address                      |   |   |                                |                       |   |   |  |
| Suite, Apt.  | #, etc.   | Suite, Apt. #, etc.                     |   |   | 01042008                       | Chg-LLC               | CR2E  | 083 (12/06)                                   |  |
| City & Ctob  |   | City & State                            |   |   |                                |                       |   |   | plied For                              |
| City & Stat  | te .  | City & State                            |   |   | 4. FEI Number                  | 22307                 | 74  | h   | t Applicable                           |
| Zip  | Country   | Zip                                     | Country   |   | 7.1                            | f Charles Davis and   | <del>/ (                                   </del> | \$5.00 Add                                    |  |
|  |   |   |   |   | 5. Certificate of              | of Status Desired     |   | Fee Require                                   |  |
|  | 6. Name and Address of Current  | Registered Agent                        |   |   | 7. Name and                    | Address of New F      | Registered  | Agent   |  |
| PORNERI  | NYA, TONY ESQ   |   | l Na  | ame   |                                |                       |   |   |  |
|  | CAYNE BLVD STE 988  |   | Street Address  |   | P.O. Box Numbe                 | r is Not Acceptabl    | e)  |   |  |
| MIAMI, FL  | . 33161   |   |   |   |                                |                       |   |   |  |
|  |   |   | Cit   | ity   |                                |                       |   | Zip Code                                      |  |
|  |   |   |   |   |                                |                       | FL  | <u>-                                     </u> |  |
|  | e named entity submits this statement for<br>tions of registered agent.   | r the purpose of changing its           | s registered of   | ffice or register   | ed agent, or both              | n, in the State of Fl | orida.   am                                       | familiar with,                                | and accept                             |
| SIGNATURE  |   |   |   |   |                                |                       |   |   |  |
| SIGNATURE  | Signature, typed or printed name of registered agent  | and title if applicable. (NOT           | TE: Registered Agen   | nt signature required   | when reinstating)              |                       | DATE  |   |  |
|  |   |   |   |   |                                |                       |   |   |  |
|  | E NOW!!! FEE IS \$138.75<br>y 1, 2008 Fee will be \$538.75  | 5                                       |   |   |                                |                       |   | payable to<br>nent of State                   |  |
|  |   |   | 10.   |   |                                |                       | a Departn   | ent of State                                  |  |
| After May  | y 1, 2008 Fee will be \$538.75  MANAGING MEMBE  |   | 10.   |   | ,                              | Florid                | a Departn   | ent of State                                  | ■ Addition                             |
| 9. TITLE NAME  | MANAGING MEMBE MGR HUANG, JIAN M  | RS/MANAGERS                             | TITLE<br>NAME   |   |                                | Florid                | a Departn   | ent of State                                  | a in the                               |
| 9. TITLE NAME STREET ADDRESS   | MANAGING MEMBE<br>MANAGING MEMBE<br>MGR<br>HUANG, JIAN M<br>3250 NW 77 CT   | RS/MANAGERS                             | TITLE<br>NAME<br>STREET ADD   |   |                                | Florid                | a Departn   | ent of State                                  | a J. Sil                               |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | MANAGING MEMBE MGR HUANG, JIAN M  | ERS/MANAGERS                            | TITLE<br>NAME<br>STREET ADD<br>CITY-ST-ZI   |   | ,                              | Florid                | a Departn   | Change  | ☐ Addition                             |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | MANAGING MEMBE MGR HUANG, JIAN M 3250 NW 77 CT MIAMI, FL 33122  | RS/MANAGERS                             | TITLE NAME STREET ADD CITY-ST-ZI  |   |                                | Florid                | a Departn   | ent of State                                  | a in the                               |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | MANAGING MEMBER MANAGING MEMBER MGR HUANG, JIAN M 3250 NW 77 CT MIAMI, FL 33122  MGR WON F. Zhang                               | ERS/MANAGERS                            | TITLE<br>NAME<br>STREET ADD<br>CITY-ST-ZI   | MP .  |                                | Florid                | a Departn   | Change  | ☐ Addition                             |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | MANAGING MEMBER MANAGING MEMBER MGR HUANG, JIAN M 3250 NW 77 CT MIAMI, FL 33122  MGR WON F. Zhang 3250 NW 77 C7                 | ERS/MANAGERS                            | TITLE NAME STREET ADD CITY-ST-ZI TITLE NAME   | ORESS   | ,                              | Florid                | a Departn   | Change  | ☐ Addition                             |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | MANAGING MEMBER MANAGING MEMBER MGR HUANG, JIAN M 3250 NW 77 CT MIAMI, FL 33122  MGR WON F. Zhang                               | ERS/MANAGERS                            | TITLE NAME STREET ADE CITY-ST-ZE TITLE NAME STREET ADE  | ORESS   | ,                              | Florid                | a Departn   | Change  | ☐ Addition                             |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | MANAGING MEMBER MANAGING MEMBER MGR HUANG, JIAN M 3250 NW 77 CT MIAMI, FL 33122  MGR WON F. Zhang 3250 NW 77 C7                 | ERS/MANAGERS  Delete                    | TITLE NAME STREET ADE CITY-ST-ZI TITLE NAME STREET ADE CITY-ST-ZI TITLE NAME  | ORESS   |                                | Florid                | a Departn   | Change  | Addition                               |
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| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | MANAGING MEMBER MANAGING MEMBER MGR HUANG, JIAN M 3250 NW 77 CT MIAMI, FL 33122  MGR WON F. Zhang 3250 NW 77 C7                 | ERS/MANAGERS  Delete  Delete  Delete    | TITLE NAME STREET ADE CITY-ST-ZI TITLE NAME STREET ADE CITY-ST-ZI TITLE NAME STREET ADE CITY-ST-ZI CITY-ST-ZI CITY-ST-ZI  | ORESS LIP   | ;                              | Florid                | a Departn   | Change  | Addition  Addition                     |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | MANAGING MEMBER MANAGING MEMBER MGR HUANG, JIAN M 3250 NW 77 CT MIAMI, FL 33122  MGR WON F. Zhang 3250 NW 77 C7                 | ERS/MANAGERS  Delete                    | TITLE NAME STREET ADE CIFY-ST-ZI TITLE NAME STREET ADE CITY-ST-ZI TITLE NAME STREET ADE CITY-ST-ZI TITLE TAME STREET ADE CITY-ST-ZI TITLE   | ORESS LIP   |                                | Florid                | a Departn   | Change  | Addition                               |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | MANAGING MEMBER MANAGING MEMBER MGR HUANG, JIAN M 3250 NW 77 CT MIAMI, FL 33122  MGR Wen F. Zhang 3250 NW 77C7 MIAMI, FL 33121  | ERS/MANAGERS  Delete  Delete  Delete    | TITLE NAME STREET ADE CITY-ST-ZI TITLE NAME STREET ADE CITY-ST-ZI TITLE NAME STREET ADE CITY-ST-ZI CITY-ST-ZI CITY-ST-ZI  | DRESS UIP DRESS UIF   | ,                              | Florid                | a Departn   | Change  | Addition  Addition                     |
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| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | MANAGING MEMBER MANAGING MEMBER MGR HUANG, JIAN M 3250 NW 77 CT MIAMI, FL 33122  MGR Wen F. Zhang 3250 NW 77 CT MIAMI, FL 33121 | RS/MANAGERS Delete Delete Delete Delete | TITLE NAME STREET ADD CITY-ST-ZI TITLE NAME STREET ADC CITY-ST-ZI TITLE NAME  | DRESS DRESS DRESS DRESS DRESS DRESS   |                                | Florid                | a Departn   | Change  Change  Change                        | Addition  Addition  Addition  Addition |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE                           | MANAGING MEMBER MANAGING MEMBER MGR HUANG, JIAN M 3250 NW 77 CT MIAMI, FL 33122  MGR Wen F. Zhang 3250 NW 77 CT MIAMI, FL 33121 | RS/MANAGERS  Delete  Delete  Delete     | TITLE NAME STREET ADI CITY-ST-ZI TITLE NAME STREET ADE CITY-ST-ZI TITLE                                 | DRESS DRESS DRESS DRESS DRESS DRESS   |                                | Florid                | a Departn   | Change  Change  Change                        | Addition  Addition  Addition           |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP | MANAGING MEMBER MANAGING MEMBER MGR HUANG, JIAN M 3250 NW 77 CT MIAMI, FL 33122  MGR Wen F. Zhang 3250 NW 77 CT MIAMI, FL 33121 | RS/MANAGERS Delete Delete Delete Delete | TITLE NAME STREET ADI CITY-ST-ZI  | DRESS UP  DRESS UP  DRESS UP  DRESS UP  |                                | Florid                | a Departn   | Change  Change  Change                        | Addition  Addition  Addition  Addition |

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.

J'AN MO HUAND