2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 22, 2008 8:00 am Secretary of State 01-22-2008 90119 008 ***138.75 **DOCUMENT # L07000091252** PRODISO KITCHEN & BATH EXPO CENTER OF KENDALL, LLC Principal Place of Business Mailing Address 60002719 3250 NW 77TH COURT 3250 NW 77TH COURT MIAMI, FL 33122 MIAMI, FL 33122 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042008 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For City & State City & State Not Applicable Zip Country Country Zip \$5.00 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent POMPRINYA, TONY ESQ. Street Address (P.O. Box Number is Not Acceptable) 10800 BISCAYNE BLVD., SUITE 988 MIAMI, FL. 33161 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 title it applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 Make check payable to Florida Department of State After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition HUANG, XIANG NAME NAME STREET ADDRESS 3250 NW 77TH COURT STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI, FL 33122 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change ☐ Delete TITEE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI E ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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.

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

X:ANG HUANG

FILED