2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000091421

Address:

City-St-Zip:

6901 NW 76 DRIVE

TAMARAC, FL 33321

Entity Name: MAHOGANY BLU DESIGN LLC

FILED Apr 29, 2008 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|---|--|---|--|--|
| 7478 NW - LAUDERH | 49 PLACE HLL, FL 33319 | | | |
| Current Mailing Address: | | New Mailing Addre | New Mailing Address: | |
| 2R | INGTON STREET AIR, NJ 07042 | | | |
| | : 26-1912489 FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | I Address of Current Registered Agent: | Name and Address | s of New Registered Agent: | |
| The above | ARL A 76 DRIVE D, FL 33321 US named entity submits this statement for the | e purpose of changing its registe | red office or registered agent, or both | |
| SIGNATUI | | | | |
| SIGNATU | Electronic Signature of Registered | Agent | Date | |
| MANAGING MEMBERS/MANAGERS: | | | ADDITIONS/CHANGES: | |
| Title: Name: Address: City-St-Zip: | MGRM () Delete BAILEY CAMPBELL, SIMONE A 26 WASHINGTON STREET MONTCLAIR, NJ 07042 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | MGRM () Delete CAMPBELL, KYLE L 26 WASHINGTON STREET MONTCLAIR, NJ 07042 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | MGRM () Delete BAILEY, RUDOLPH P 6901 NW 76 DRIVE TAMARAC, FL 33321 | Address: 7478 NW | (X) Change () Addition RUDOLPH P / 49 PLACE HILL, FL 33319 | |
| Title: Name: | MGRM () Delete ALLEN, KARL A | Title: Name: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

SIGNATURE: SIMONE BAILEY CAMPBELL MGRM 04/29/2008