FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State FILED 1997 **DIVISION OF CORPORATIONS** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee 97 APR 24 AM 8: 12 FILING FEE Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company SECRETARY OF STATE **DOCUMENT #**M94000000031 TALLAHASSEE, FLORIDA 1a. Principal Place of Business Address HOME DESIGN INTERNATIONAL, L.C. 5967 NW 31ST AVE. 5967 N.W. 31ST AVENUE FORT LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation)4/25/1994 ŤХ Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State **65-0471500** Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country Zip Zip 5.75 Additional Fee Bi gaired D2/23/1996 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent GROSSMAN, J B 2300 E. LAS OLAS BLVD. ATH FLOOR T. LAUDERDALE FL 33301 City 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. DATE SIGNATURE ppointment) (NOT: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code м GLOUKHOVSKOI, ALEXANDE \$967 N.W. 31ST AVENUE FT. LAUDERDALE FL 00002163170--0 -05/02/97--01051--017 *****203.75 *****203.75 11. Ldo hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes, I further certify that the information indicated on this annual 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 timited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER