


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED APR -9 PM 5:00 SECRETARY OF STATE	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
<b>1. Name and Mailing Address of Limited Liability Company</b> <b>DOCUMENT # M97000000411</b>  <b>PLANTATION BLINDS, L.L.C.</b> <del>315 ROSS ROAD</del> <del>TALLAHASSEE FL 32310</del>		<b>1a. Principal Place of Business Address</b>  <b>315 ROSS ROAD</b> <b>TALLAHASSEE FL 32310</b>			
<b>2. Principal Place of Business</b> Suite, Apt. #, etc. City & State Zip Country		<b>2a. Mailing Address</b> <b>PLANTATION BLINDS, LLC</b> Suite, Apt. #, etc. <b>3300 CANTON PIKE</b> City & State <b>HOPKINSVILLE KY</b> Zip Country <b>42240 USA</b>		<b>3. Date Organized or Qualified</b> <b>07/07/1997</b> <b>3a. State of Formation</b> <b>KY</b> <b>4. FEI Number</b> <b>31-1538343</b> <b>5. Date of Last Report</b> <b>09/14/1998</b> <b>6. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>7. Name and Address of Current Registered Agent</b>  <b>CARTER, GLENN</b> <b>1808 OLD BRIAR TRAIL</b> <b>TALLAHASSEE FL 32310</b>		<b>8. Name and Address of New Registered Agent/Office</b> Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City <div style="text-align: right;"> <b>3000002842483-3</b>  <b>-04/16/99--01086--020</b>  <b>****188.75</b>  <b>FL</b> </div>			
<b>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.</b>					
SIGNATURE _____ <small>(Registered Agent Accepting Appointment)</small>		DATE _____ <small>(To be signed by Agent; signature required with return of report)</small>			
<b>10. Title</b>	<b>Managing Members/Managers</b>	<b>Business Street Address</b>		<b>City, State and Zip Code</b>	
MGR	GARDNER, DAVID M	330 CANTON PIKE		HOPKINSVILLE KY	
MGR	GARDNER, MARK M	330 CANTON PIKE		HOPKINSVILLE KY	
MGR	CARTER, GLENN	1808 OLD BRIAR TRAIL		TALLAHASSEE FL	
<div style="text-align: right;"> <b>T.J.C. APR 15 1999</b> </div>					
<b>11. I do 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 limited liability company or the receiver or 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.</b>					
<b>SIGNATURE:</b> <u>David M Gardner</u>		<u>4/6/99</u>		<u>502-885-7724</u>	