


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED
AND
FILED

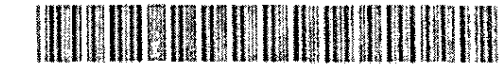
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B0300000149		
1. Entity Name BEDDER SLEEP PRODUCTS, L.P.		

Principal Place of Business 900 S. HALTOM RD. S. FT WORTH, TX 76117	Mailing Address 900 S. HALTOM RD. S. FT WORTH, TX 76117
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2. Principal Place of Business	3. Mailing Address
State, Apt. #, etc.	State, Apt. #, etc.
City & State	City & State
Zip	Country



04302004 Chg-LP CR2E003 (10/03)

4. FEI Number 32-0046915	Advised For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
REYNOLDS, HEATHER M 115 PROFESSIONAL DRIVE, SUITE 101 PONTE VEDRA, FL 32082		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Date _____
Signature typed or printed name of registered agent and for a corporation.

9. Capital Contributions as Shown on records <input type="radio"/>	10. Amount of Capital Contributions in FLORIDA to date <input type="radio"/>
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	M03000001053 ADJUSTABLE BEDS, LLC 900 HALTOM RD FT WORTH, TX 76117	STREET ADDRESS	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 General Partner of the named partnership or the receiver or trustee empowered to execute this report as required by Chapter 601, Florida Statutes.

SIGNATURE _____ Date **4-30-04** **817-834-7522**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING GENERAL PARTNER