


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUN -3 AM 9:20

<b>DOCUMENT # B03000000149</b>			
1. Entity Name <b>BEDDER SLEEP PRODUCTS, L.P.</b>			
Principal Place of Business <b>900 S. HALTOM RD. S. FT WORTH, TX 76117</b>		Mailing Address <b>900 S. HALTOM RD. S. FT WORTH, TX 76117</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>REYNOLDS, HEATHER M 115 PROFESSIONAL DRIVE, SUITE 101 PONTE VEDRA, FL 32082</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 _____			
9. Capital Contributions as Shown on record. <b>\$0.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>M03000001053</b>	STREET ADDRESS	
NAME	<b>ADJUSTABLE BEDS, LLC</b>	CITY-STATE-ZIP	<b>000056397520</b>
STREET ADDRESS	<b>900 HALTOM RD</b>		<b>06/21/05--01054--007 **141.25</b>
CITY-STATE-ZIP	<b>FT WORTH, TX 76117</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-STATE-ZIP	
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STREET ADDRESS			
CITY-STATE-ZIP			

14. I 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 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 limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE 