

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006394

Entity Name: SKEFFINGTON FURNITURE, L.L.C.

FILED
Feb 24, 2005
Secretary of State

Current Principal Place of Business:

POST OFFICE BOX 541569
LAKE WORTH, FL 33454

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 541569
LAKE WORTH, FL 33454

New Mailing Address:

FEI Number: 52-2264370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKEFFINGTON, JOEI
2203 STOTESBURY WAY
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SKEFFINGTON, JOHN
Address: 1055 GATOR TRAIL
City-St-Zip: WEST PALM BEACH, FL 33409

Title: MGRM () Delete
Name: SKEFFINGTON, JOEI
Address: 1055 GATOR TRAIL
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SKEFFINGTON, JOHN
Address: 2203 STOTESBURY WAY
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM (X) Change () Addition
Name: SKEFFINGTON, JOEI
Address: 2203 STOTESBURY WAY
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: JOEI SKEFFINGTON

MGRM

02/24/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date