

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003663

FILED  
Sep 07, 2005  
Secretary of State

**Entity Name:** STEVE'S FURNITURE EMPORIUM, LLC

**Current Principal Place of Business:**

1401 W. CANAL STREET  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

1401 W. CANAL STREET  
NEW SMYRNA BEACH, FL 32168

**New Mailing Address:**

FEI Number: 59-3712688      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

THOMAS, STEVEN L  
1401 W. CANAL STREET  
NEW SMYRNA BEACH, FL 32168      US

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/MANAGERS:**

Title: P ( ) Delete  
Name: THOMAS, STEVE  
Address: 325 S. GLENCOE RD  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: V ( ) Delete  
Name: THOMAS, CINDY  
Address: 325 S. GLENCOE RD  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: STEVEN THOMAS

MR

09/07/2005

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