


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000016470 1. Entity Name SLEEPFIRST, L.L.C.	
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Principal Place of Business 2013 MICCOSUKEE ROAD TALLAHASSEE, FL 32308	Mailing Address 2013 MICCOSUKEE ROAD TALLAHASSEE, FL 32308
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01122007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 41-2047291	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLT, GREGORY A
2013 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308

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IN THIS SPACE**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

000000671860
03/28/07-90045-018 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLT, GREGORY A PH. D 2013 MICCOSUKEE ROAD TALLAHASSEE, FL 32308
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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: Craig A Holt, PhD 3-16-07 850-878-7271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #