2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 08, 2004
Secretary of State

DOCUMENT# L03000008476

Entity Name: PALM COAST FURNITURE, LLC

Current Principal Place of Business:

1 INDUSTRY DR., UNIT B
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

1 INDUSTRY DR., UNIT B
PALM COAST, FL 32137

New Mailing Address:

FEI Number: 01-0770808 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RABY, JOAN
16 COMMANDER CT.
PALM COAST, FL 32137 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:	CLINGERMAN, MELISSA	
Address:	P.O. BOX 2797	
City-St-Zip:	BUNNELL, FL 32110	
Title:	MGRM	( ) Delete
Name:	RABY, JOAN	
Address:	16 COMMANDER CT.	
City-St-Zip:	PALM COAST, FL 32137	
Title:	MGRM	( ) Delete
Name:	RINKER, BRIAN	
Address:	515 MEREDITH LANE #2B	
City-St-Zip:	CUYAHOGA FALLS, OH 44223	
Title:	MGRM	( ) Delete
Name:	RINKER, ROBERT	
Address:	8 KAFFIR LILY PL	
City-St-Zip:	PALM COAST, FL 32164	
Title:	MGRM	( ) Delete
Name:	LEVAN, SALLY	
Address:	P.O. BOX 447	
City-St-Zip:	BUNNELL, FL 32110	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: MELISSA CLINGERMAN PRES 09/08/2004

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