2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 06, 2005
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 ( )**
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:

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/MANAGERS:

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: MGRM (X) Change ( ) Addition
Name: CLINGERMAN, MELISSA
Address: 1215B CR304
City-St-Zip: BUNNELL, FL 32110

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 MGRM 09/06/2005

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