

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011301

**FILED**  
**Apr 16, 2005**  
**Secretary of State**

**Entity Name:** ULTIMATE COMFORT, LLC

**Current Principal Place of Business:**

2903 CRESTWOOD TERRACE  
MARGATE, FL 36063

**New Principal Place of Business:**

212 CATANIA WAY  
ROYAL PALM BEACH, FL 33411

**Current Mailing Address:**

2903 CRESTWOOD TERRACE  
MARGATE, FL 36063

**New Mailing Address:**

PO BOX 49112  
CHARLOTTE, NC 28277

**FEI Number:** 56-2338814

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JONES, MICHAEL  
2903 CRESTWOOD TERRACE  
MARGATE, FL 36063 US

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

JONES, MICHAEL  
212 CATANIA WAY  
ROYAL PALM BEACH, FL 33411 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:**

04/16/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGR ( ) Delete  
**Name:** JONES, MICHAEL  
**Address:** 2903 CRESTWOOD TERRACE  
**City-St-Zip:** MARGATE, FL 36063

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** JONES, MICHAEL  
**Address:** 212 CATANIA WAY  
**City-St-Zip:** ROYAL PALM BEACH, FL 33411

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:** MICHAEL JONES

MGR

04/16/2005

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