

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016204

FILED  
May 01, 2006  
Secretary of State

Entity Name: ROOM SERVICE FURNISHINGS, LLC

**Current Principal Place of Business:**

426 CANAL ST.  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

426 CANAL ST.  
NEW SMYRNA BEACH, FL 32168

**New Mailing Address:**

FEI Number: 75-3118914      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:**

MCCRACKEN, PATRICIA A  
1829 MANGO TREE DRIVE  
EDGEWATER, FL 32141      US

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

MCCRACKEN, PATRICIA A  
160 GODFREY ROAD  
EDGEWATER, FL 32141      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:

05/01/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: MCCRACKEN, MAURICE E JR.  
Address: 1829 MANGO TREE DRIVE  
City-St-Zip: EDGEWATER, FL 32141

Title: MGR      ( ) Delete  
Name: MCCRACKEN, PATRICIA A  
Address: 1829 MANGO TREE DRIVE  
City-St-Zip: EDGEWATER, FL 32141

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: MCCRACKEN, MAURICE E JR.  
Address: 160 GODFREY RD  
City-St-Zip: EDGEWATER, FL 32141

Title: MGR      (X) Change ( ) Addition  
Name: MCCRACKEN, PATRICIA A  
Address: 160 GODFREY RD  
City-St-Zip: EDGEWATER, FL 32141

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: PATRICIA MCCRACKEN

PRES

05/01/2006

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