

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018854

Entity Name: FAMILYBEDDING.COM LLC

FILED
Mar 15, 2004
Secretary of State

Current Principal Place of Business:

1527 GRANT ST
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

PO BOX 220004
HOLLYWOOD, FL 33022

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURNER, PATRICIA A
1527 GRANT ST
HOLLYWOOD, FL 33020

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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: TURNER, PATRICA A TREASUR
Address: PO BOX 220004
City-St-Zip: HOLLYWOOD, FL 33022

Title: MGR () Change (X) Addition
Name: JARRETT, LESLIE PRES
Address: 8081 S. MADISON AVE., PMB 243
City-St-Zip: INDIANAPOLIS, IN 46227

Title: MGRM () Change (X) Addition
Name: SEBASTIANI, SANTINO
Address: 4041 NW 84 TERR
City-St-Zip: SUNRISE, FL 33351

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: PATRICIA A TURNER

MS

03/15/2004

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