2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 30, 2005
Secretary of State

DOCUMENT# L03000034703

Entity Name: FURNISHAHOME.COM LLC

Current Principal Place of Business:

1355 BENNETT DRIVE, UNIT 177
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

1355 BENNETT DRIVE, UNIT 177
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 43-2027525 **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:

DAY, SCOTT E
404 INTERLACHEN COURT
DEBARY, FL 32713 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: MGR ( ) Delete
Name: DAY, SCOTT E
Address: 697 CLOVERLEAF BLVD.
City-St-Zip: DELTONA, FL 32725

Title: MGRM ( ) Delete
Name: DAY, DAMITA J
Address: 697 CLOVERLEAF BLVD.
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: DAY, SCOTT E
Address: 404 INTERLACHEN COURT
City-St-Zip: DEBARY, FL 32713

Title: MGRM (X) Change ( ) Addition
Name: DAY, DAMITA J
Address: 404 INTERLACHEN COURT
City-St-Zip: DEBARY, FL 32713

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: DAMITA J. DAY MGRM 06/30/2005

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