ີ 2ີປີ 2007 LIMITED LIABILITY COMPANY

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

OTMAR 27 PM 2: 19 DOCUMENT # L03000047858 1. Entity Name FLORIDA FURNITURE MART, LLC Principal Place of Business Mailing Address 2258 HIGHWAY 70 SE 2258 HIGHWAY 70 SE HICKORY, NC 28602 HICKORY, NC 28602 02112007 No Chg-LLC CR2E083 (11/05) Applied For 4. FEI Number 20-0450400 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET IN THIS SPACE TALLAHASSEE, FL 32301-2525 8. 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. I am familiar with, and accept the obligations of registered agent.

Amanda Hadda: as its agent SIGNATURE red name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS MGR TITLE NAME LAIL, G. LEROY STREET ADDRESS 2258 HIGHWAY 70 SE HICKORY, NC 28602 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 empoyened to execute this report as required by Chapter 608, Florida Statutes.

	ACCOUNT NO. : 072100000032	
	REFERENCE : 821918 742775	4
	AUTHORIZATION : SAUDICE ASCA	D
	COST LIMIT : \$ 50.00	
ORDER DATE :	March 27, 2007	
ORDER TIME :	9:34 AM	
ORDER NO. :	821918-005	
CUSTOMER NO:	7427754	O7 HAT SECRE
	ANNUAL REPORT	HAR 27 PH CREITARY OF LAHASSEE.
NAME:	FLORIDA FURNITURE MART, LLC	2: 19 FSTATE FLORIDA
PLEASE RETURN	THE FOLLOWING AS PROOF OF FILING:	
XX PLAIN	STAMPED COPY	

EXAMINER:

CONTACT PERSON: Amanda Haddan -- EXT# 2955