## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000019223

Address:

City-St-Zip:

317 WEST MALLORY CIRCLE

DELRAY BEACH, FL 33483 US

Entity Name: FLORIDA HOME FURNISHING SALES GROUP, LLC

FILED Apr 11, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4447 MCINTOSH LAKE AVENUE SARASOTA, FL 34233 US **Current Mailing Address: New Mailing Address:** 4447 MCINTOSH LAKE AVENUE SARASOTA, FL 34233 US FEI Number: 20-0901008 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BETTERTON, GREG A 981 RIDGEWOOD AVENUE SUITE 101 VENICE, FL 34285 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete DCC SALES, INC., Name: Name: 4447 MCINTOSH LAKE AVENUE Address: Address: City-St-Zip: SARASOTA, FL 32333 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition E.B. LUPTON, INC., Name: Name: Address: 11581 S.W. 12TH STREET Address: City-St-Zip: PEMBROKE PINES, FL 33025 US City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition JIM BURKE SALES & DI, STRIBUTORS, IN C . Name: Name: Address: 6490 LAS FLORES DRIVE Address: City-St-Zip: BOCA RATON, FL 33433 US City-St-Zip: Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition JIM GALUP ENTERPRISE, S, INC. JIM GALUP ENTERPRISE, S, INC. Name: Name:

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.

Address:

City-St-Zip:

12099 VIA CERCINA DRIVE

BONITA SPRINGS, FL 34135 US

SIGNATURE: DOUGLAS C. COMBS MGRM 04/11/2007