

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90176 026 ****50.00

20009401



DOCUMENT # L04000021085 1. Entity Name ANTINORI EQUIPMENT RENTALS I, LLC					
Principal Place of Business 500 SOUTH FALKENBURG ROAD TAMPA, FL 33609			Mailing Address 500 SOUTH FALKENBURG ROAD TAMPA, FL 33609		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip 33619	Country		
6. Name and Address of Current Registered Agent ANTINORI, STEVEN 500 SOUTH FALKENBURG ROAD TAMPA, FL 33609			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM AMERICAN BEDDING IND. INC. <input checked="" type="checkbox"/> Delete		TITLE	CEO Steve Antinori <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	500 SOUTH FALKENBURG ROAD		NAME	500 S. Falkenburg Rd	
STREET ADDRESS	TAMPA, FL 33619		STREET ADDRESS	Tampa FL 33619	
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	COO Steve Russo <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	200 S. Falkenburg Rd	
STREET ADDRESS			STREET ADDRESS	Tampa, FL 33619	
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	CFO Ron Luepton <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	500 S Falkenburg Rd	
STREET ADDRESS			STREET ADDRESS	Tampa FL 33619	
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:			2/16/06 813-651-2233		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		