


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90128 040 \*\*\*\*50.00

<b>DOCUMENT # L04000066767</b> 1. Entity Name <b>BED ENTERPRISES, LLC</b>																			
Principal Place of Business <b>2727 NORTH JOHN YOUNG PARKWAY SUITE D KISSIMMEE, FL 34741 US</b>		Mailing Address <b>6010 PINE BLUFF LANE MASCOTTE, FL 34753 US</b>																	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address <b>2727 N. JOHN YOUNG PKWY SUITE D KISSIMMEE, FL 34741 USA</b>																	
4. FEI Number <b>20-1599776</b>		Applied For <input type="checkbox"/> Not Applicable																	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		02152005 Chg-LLC CR2E083 (10/03)																	
6. Name and Address of Current Registered Agent <b>PAFFUMI, DAVID S 6010 PINE BLUFF LANE MASCOTTE, FL 34753</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2727 NORTH JOHN YOUNG PKWY SUITE D. KISSIMMEE FL 34741</b>																	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>																			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																	
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">MGR <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PAFFUMI, DAVID S</td> </tr> <tr> <td>STREET ADDRESS</td> <td>6010 PINE BLUFF LANE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MASCOTTE, FL 34753</td> </tr> </table>		TITLE	MGR <input type="checkbox"/> Delete	NAME	PAFFUMI, DAVID S	STREET ADDRESS	6010 PINE BLUFF LANE	CITY-ST-ZIP	MASCOTTE, FL 34753	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>2727 N. JOHN YOUNG PKWY, SUITE D</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>KISSIMMEE, FL 34741</b></td> </tr> </table>		TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS	<b>2727 N. JOHN YOUNG PKWY, SUITE D</b>	CITY-ST-ZIP	<b>KISSIMMEE, FL 34741</b>
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Ernest Paffumi</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date: <u>2/15/05</u> Daytime Phone #: <u>256-892-2980</u>																	