

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082161

FILED
Jul 08, 2005
Secretary of State

Entity Name: SLEEP MANAGEMENT CENTERS, LLC

Current Principal Place of Business:

8919 CARILLION ESTATES WAY
FORT MYERS, FL 22912 US

New Principal Place of Business:

8919 CARILLION ESTATES WAY
FORT MYERS, FL 33912 US

Current Mailing Address:

8919 CARILLION ESTATES WAY
FORT MYERS, FL 22912 US

New Mailing Address:

8919 CARILLION ESTATES WAY
FORT MYERS, FL 33912 US

FEI Number: 20-1871142 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:

Name and Address of New Registered Agent:

WALKER, GARY
202 S. ROME AVENUE
SUITE 100
TAMPA, FL 33606 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:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: CLARK, ANDREA
Address: 8919 CARILLION ESTATES WAY
City-St-Zip: FORT MYERS, FL 33912 US

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: ANDREA CLARK

MGRM

07/08/2005

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