

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000991

FILED
Jan 11, 2006
Secretary of State

Entity Name: MURPHY BEDS & MORE LLC

Current Principal Place of Business:

6562 195TH PLACE NORTH
JUPITER, FL 33458

New Principal Place of Business:

2532 W. INDIANTOWN RD.
#7
JUPITER, FL 33458

Current Mailing Address:

6562 195TH PLACE NORTH
JUPITER, FL 33458

New Mailing Address:

2532 W. INDIANTOWN RD
#7
JUPITER, FL 33458

FEI Number: 25-1910504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

BAUER, ROBERT F SR
2532 W. INDIANTOWN RD.
#7
JUPITER, FL 33458 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: ROBERT BAUER

01/11/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BAUER, ESTHER
Address: 6562 195TH PLACE NORTH
City-St-Zip: JUPITER, FL 33458

Title: MGR () Delete
Name: BAUER, ROBERT SR
Address: 6562 195TH PLACE NORTH
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BAUER, ROBERT JR
Address: 6562 195TH PLACE NORTH
City-St-Zip: JUPITER, FL 33458

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ROBERT BAUER

MGR

01/11/2006

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