

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000991

Entity Name: MURPHY BEDS & MORE LLC

FILED
Jan 26, 2007
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

2532 W. INDIANTOWN RD
#7
JUPITER, FL 33458

New Mailing Address:

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

FEI Number: 25-1910504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BAUER, ROBERT F JR
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

01/26/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BAUER, ROBERT JR
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: VP (X) Change () Addition
Name: BAUER, ROBERT F JR
Address: 6784 AUSTRALIAN ST
City-St-Zip: JUPITER, FL 33458 PB

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

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 JR

VP

01/26/2007

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