

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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**FILED  
Jun 09, 2006 8:00 am  
Secretary of State**

05-01-2006 90053 018 \*\*\*\*50.00

DOCUMENT # L05000012071			
1. Entity Name <b>AAA FURNITURE RESTORATION LLC</b>			
Principal Place of Business <b>2400 COPANS ROAD # 10 POMPANO BEACH, FL 33069 US</b>		Mailing Address <b>2400 COPANS ROAD # 10 POMPANO BEACH, FL 33069 US</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>			
<b>CLASSIFIED MARKETING SOLUTIONS, INC</b> 2400 COPANS ROAD # 10 POMPANO BEACH, FL 33069			
Name  Street Address  City			
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b>			
<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and date if applicable.</small>		<small>(NOTE: Registered Agent signature required)</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2008</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			
TITLE : <b>MGRM</b> <input type="checkbox"/> Delete NAME : <b>CLASSIFIED MARKETING SOLUTIONS, INC</b> STREET ADDRESS : <b>2400 COPANS ROAD, # 10</b> CITY-ST-ZIP : <b>POMPANO BEACH, FL 33069</b>		<b>10.</b> TITLE : NAME : STREET ADDRESS : CITY-ST-ZIP :	
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TITLE : NAME : STREET ADDRESS : CITY-ST-ZIP :		TITLE : NAME : STREET ADDRESS : CITY-ST-ZIP :	
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report is true and accurate and that my signature shall have the same legal effect as if I limited liability company or the receiver or trustee empowered to execute this report as required by Chap</b>			
<b>SIGNATURE:</b> 		<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	

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 508, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, PARTNER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4(28)06 (954) 687-9000