



# 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

<b>DOCUMENT # L05000012071</b> 1. Entity Name <b>AAA FURNITURE RESTORATION LLC</b>					
Principal Place of Business <b>2400 COPANS ROAD</b> <b># 10</b> <b>POMPANO BEACH, FL 33069 US</b>			Mailing Address <b>2400 COPANS ROAD</b> <b># 10</b> <b>POMPANO BEACH, FL 33069 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-233 0330</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CLASSIFIED MARKETING SOLUTIONS, INC</b> <b>2400 COPANS ROAD</b> <b># 10</b> <b>POMPANO BEACH, FL 33069</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when relocating) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</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>	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
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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 608, Florida Statutes.					
<b>SIGNATURE:</b> 			<b>4/28/06 (954) 687-9000</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		