

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000016965

**FILED**  
**Apr 30, 2006**  
**Secretary of State**

**Entity Name:** LULLA BEDS, L.L.C.

**Current Principal Place of Business:**

127 SOUTH LAWSON BLVD  
ORLANDO, FL 32801

**New Principal Place of Business:**

127 SOUTH LAWSONA BLVD  
ORLANDO, FL 32801

**Current Mailing Address:**

127 SOUTH LAWSON BLVD  
ORLANDO, FL 32801

**New Mailing Address:**

127 SOUTH LAWSONA BLVD  
ORLANDO, FL 32801

**FEI Number:** 20-2463029

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HABER, LAWRENCE H ESQ.  
800 CELEBRATION AVE.  
SUITE 227  
CELEBRATION, FL 34747 US

**Name and Address of New Registered Agent:**

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: MGR ( ) Change (X) Addition  
Name: ABRAHAM, JEFFREY J  
Address: 127 SOUTH LAWSONA BOULEVARD  
City-St-Zip: ORLANDO, FL 32801

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:** JEFFREY J. ABRAHAM

MGR

04/30/2006

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