

FILED

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

2006 MAY 10 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400074358254

DOCUMENT # L05000025155 1. Entity Name ELEVATION BED LIMITED LIABILITY COMPANY					
Principal Place of Business 3550 GATEWAY DRIVE POMPANO BEACH, FL 33069		Mailing Address 3550 GATEWAY DRIVE POMPANO BEACH, FL 33069			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number	
5. Certificate of Status Desired		5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent KRAFTSOW, STANLEY 3550 GATEWAY DRIVE POMPANO BEACH, FL 33069			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 renewing)					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM KRAFTSOW, STANLEY 3550 GATEWAY DRIVE POMPANO BEACH, FL 33069		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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 606, Florida Statutes.					
SIGNATURE:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

5/9/06 9549772900

L05000025155

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

1333 N. DUVAL STREET, TALLAHASSEE, FL 32303

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 05-10-06

NAME: elevation bed limited liability company

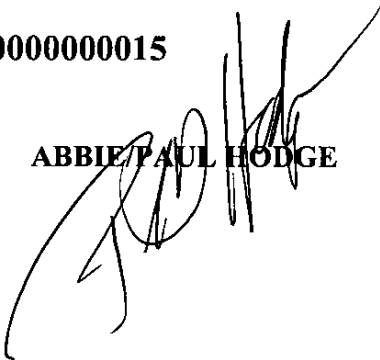
TYPE OF FILING: ANNUAL REPORT

COST: \$55

RETURN: GOOD STANDING

ACCOUNT: FCA0000000015

AUTHORIZATION: ABBIE/PAUL HODGE



RECEIVED

06 MAY 10 PM 4:06

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

2006 MAY 10 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
