


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 20, 2007 8:00 am
Secretary of State

07-20-2007 90039 019 ****50.00

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 <i>7411 Fisher Island Dr</i> <i>Miami FL 33109</i>		
2. Principal Place of Business - No P.O. Box # <i>7411 Fisher Island Dr</i>			3. Mailing Address <i>7411 Fisher Island Dr</i>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State <i>Miami</i>			City & State <i>FL</i>		
Zip <i>33109</i>		Country <i>State</i>		Zip 	
Country 		4. FEI Number <i>52-2079059</i> Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				07032007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent KRAFTSOW, STANLEY 3550 GATEWAY DRIVE POMPANO BEACH, FL 33069 <i>7411 Fisher Island Dr</i> <i>Miami FL 33109</i>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>7411 Fisher Island Dr</i> <i>Miami</i> FL Zip Code <i>33109</i>		
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 reinstalling) DATE _____					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE MGRM NAME KRAFTSOW, STANLEY STREET ADDRESS 3550 GATEWAY DRIVE CITY-ST-ZIP POMPANO BEACH, FL 33069 <i>7411 Fisher Island Dr</i> <i>Miami FL 33109</i>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
SIGNATURE: <i>Stanley Kraftsow</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: <i>7/11/07</i> Daytime Phone #: <i>3056730254</i>		