

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050154

FILED
Feb 07, 2006
Secretary of State

Entity Name: FLORIDA MATTRESS COMPANY, LLC

Current Principal Place of Business:

1017 WEST ORANGE BLOSSOM TRAIL
APOPKA, FL 32703 US

New Principal Place of Business:

1017 WEST ORANGE BLOSSOM TRAIL
APOPKA, FL 32712 US

Current Mailing Address:

1017 WEST ORANGE BLOSSOM TRAIL
APOPKA, FL 32703 US

New Mailing Address:

1017 WEST ORANGE BLOSSOM TRAIL
APOPKA, FL 32712 US

FEI Number: 20-2869938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, TAMMY A
2503 EAST PINE STREET
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

WILSON, TAMMY A
1614 SILHOUETTE DRIVE
CLERMONT, FL 34711 US

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: TAMMY A. WILSON

02/07/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILSON, TAMMY A
Address: 2503 EAST PINE STREET
City-St-Zip: ORLANDO, FL 32803 US

Title: MGRM () Delete
Name: BENGSTON, TODD A
Address: 1444 STORMWAY COURT
City-St-Zip: APOPKA, FL 32712 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WILSON, TAMMY A
Address: 1614 SILHOUETTE DRIVE
City-St-Zip: CLERMONT, FL 34711 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TAMMY A. WILSON

MGRM

02/07/2006

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