

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000069291

**FILED**  
**Apr 18, 2006**  
**Secretary of State**

**Entity Name:** CALEDONIAN UPHOLSTERY, LLC

**Current Principal Place of Business:**

1801 8TH AVENUE WEST, UNIT NUMBER N8  
PALMETTO, FL 34221

**New Principal Place of Business:**

1805 8TH AVENUE WEST, UNIT NUMBER 8  
PALMETTO, FL 34221

**Current Mailing Address:**

1801 8TH AVENUE WEST, UNIT NUMBER N8  
PALMETTO, FL 34221

**New Mailing Address:**

1805 8TH AVENUE WEST, UNIT NUMBER 8  
PALMETTO, FL 34221

**FEI Number:** 13-4302237

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCATASNEY, KEVIN F  
1801 8TH AVENUE WEST, UNIT NUMBER N8  
PALMETTO, FL 34221 US

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

MCATASNEY, KEVIN F  
1805 8TH AVENUE WEST, UNIT NUMBER 8  
PALMETTO, FL 34221 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:

04/18/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MACATASNEY, KEVIN F  
Address: 1801 8TH AVENUE WEST, UNIT NUMBER N8  
City-St-Zip: PALMETTO, FL 34221

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MACATASNEY, KEVIN F  
Address: 1805 8TH AVENUE WEST, UNIT NUMBER 8  
City-St-Zip: PALMETTO, FL 34221

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: KEVIN F MCATASNEY

MGR

04/18/2006

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