

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078705

FILED
Jun 13, 2006
Secretary of State

Entity Name: HOME SWEET HOME FURNITURE, LLC

Current Principal Place of Business:

172 HICKORY ROAD
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

172 HICKORY ROAD
NAPLES, FL 34108

New Mailing Address:

FEI Number: 20-3357005 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SAMOLE, MYRON M
9700 SOUTH DIXIE HIGHWAY STE 1030
MIAMI, FL 33156 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MORGAN, ANDY R
Address: 172 HICKORY ROAD
City-St-Zip: NAPLES, FL 34108

Title: MGRM () Delete
Name: MORGAN, RAYMOND A
Address: 172 HICKORY ROAD
City-St-Zip: NAPLES, FL 34108

Title: MGRM () Delete
Name: MORGAN, DWIGHT C
Address: 172 HICKORY ROAD
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES:

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

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

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: ANDY R MORGAN

MGRM

06/13/2006

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