

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000091082

FILED
Aug 31, 2006
Secretary of State

Entity Name: EMY MATTRESS FACTORY LLC

Current Principal Place of Business:

11757 SOUTH ORANGE BLOSSOM TRAIL
SUITE A
ORLANDO, FL 32837 FL

New Principal Place of Business:

New Mailing Address:

11757 SOUTH ORANGE BLOSSOM TRAIL
SUITE A
ORLANDO, FL 32837 US

Current Mailing Address:

1202 COUTRNEY CHASE CIRCLE
APT 923
ORLANDO, FL 32837 US

FEI Number: 20-3566090 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

RIVERA, ARIEL
1202 COUTRNEY CHASE CIRCLE
APT 923
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

OJEDA, EMILIA V
11757 SOUTH ORANGE BLOSSOM TRAIL
SUITE A
ORLANDO, FL 32837 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: EMILIA OJEDA

08/31/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OJEDA, EMILIA V
Address: 12420 BLACKSMITH DR APT 107
City-St-Zip: ORLANDO, FL 32837 US

Title: MGRM () Delete
Name: XIQUES, DIONISIO
Address: 12420 BLACKSMITH DR APT 107
City-St-Zip: ORLANDO, FL 32837 US

Title: MGRM () Delete
Name: XIQUES, JANK P
Address: 1202 COURTNEY CHASE CIRCLE APT 923
City-St-Zip: ORLANDO, FL 32837 US

Title: MGRM (X) Delete
Name: DIAZ, NORBERTO A
Address: 1202 COURTNEY CHASE CIRCLE APT 923
City-St-Zip: ORLANDO, FL 32837 US

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: OJEDA, EMILIA V
Address: 11757 SOUTH ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32837 US

Title: VP (X) Change () Addition
Name: XIQUES, DIONISIO
Address: 11757 SOUTH ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32837 US

Title: TREA (X) Change () Addition
Name: XIQUES, JANK P
Address: 11757 SOUTH ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32837 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: EMILIA OJEDA

P

08/31/2006

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