


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000111974 1. Entity Name MATTRESS DR OF SOUTH FLORIDA LLC	
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Principal Place of Business 21307 NW 2ND AVENUE MIAMI, FL 33169 US	Mailing Address 21307 NW 2ND AVENUE MIAMI, FL 33169 US
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DO NOT WRITE IN THIS SPACE



07022007 No Chg-LLC

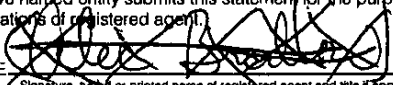
CR2E083 (11/05)

4. FEI Number 20-3831167	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BRADLOW, ALEC 7924 W. HILLSBOROUGH AVENUE TAMPA, FL 33169

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) 7/2/07 DATE

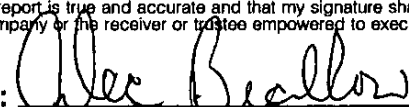
**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRADLOW, ALEC 7924 W. HILLSBOROUGH AVENUE TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOTBOL, ALAIN 21307 NW 2ND AVENUE MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRADLOW, DIANA 7924 W. HILLSBOROUGH AVENUE TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/06/07-80006-022 50.00

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IN THIS SPACE**

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:  7/2/07 DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #