



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (Am)

**FILED**  
**Jun 16, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90031 013 \*\*\*\*50.00

<b>DOCUMENT # L05000122476</b> 1. Entity Name <b>THE FURNITURE PLACE LLC</b>			
Principal Place of Business <b>2135 DREW STREET CLEARWATER FL 33765</b>		Mailing Address <b>2819 MANNING DRIVE TRINITY FL 34655</b>	
2. Principal Place of Business <b>2819 Manning Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>2819 Manning Dr.</b> Suite, Apt. #, etc.	
City & State <b>Trinity, FL 34655</b> Zip <b>34655</b> Country <b>USA</b>		City & State <b>Trinity, Florida</b> Zip <b>34655</b> Country <b>USA</b>	
4. FEI Number <b>03-0439503</b>		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 <b>LAGASSEY, DANIELA 2135 DREW STREET CLEARWATER FL 33765</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____		DATE <b>4/20/2006</b>	
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State.</b> <b>Due By May 1, 2006</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR AVILA, MARIA G 2819 MANNING DRIVE TRINITY, FL 34655</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		DATE <b>4/20/2006</b> 727-434-4824	