

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000025819

FILED  
Jan 08, 2008  
Secretary of State

**Entity Name:** ADVANCED SLEEP CENTERS, LLC

**Current Principal Place of Business:**

906 NORTH SINCLAIR AVE  
TAVARES, FL 32778

**New Principal Place of Business:**

**Current Mailing Address:**

906 NORTH SINCLAIR AVE  
TAVARES, FL 32778

**New Mailing Address:**

FEI Number: 56-2566106

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCDONALD, STEPHEN R  
36755 ALAQUA CT  
EUSTIS, FL 32736 US

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

MCDONALD, STEPHEN R  
359 BLUE BRANCH ST.  
EUSTIS, FL 32736 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

01/08/2008

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MCDONALD, STEPHEN R  
Address: 36755 ALAQUA CT  
City-St-Zip: EUSTIS, FL 32736

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MCDONALD, STEPHEN R  
Address: 359 BLUE BRANCH ST.  
City-St-Zip: EUSTIS, FL 32736

I hereby certify that the information supplied with this filing does not qualify 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: STEPHEN R MCDONALD

PRES

01/08/2008

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