

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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08 MAY -6 AM 8:13

CLERK OF THE STATE
TALLAHASSEE, FLORIDA



04292008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000004537			
1. Entity Name PRANASLEEP, LLC			
Principal Place of Business 7504 TREELINE DRIVE NAPLES, FL 34119		Mailing Address C/O CITY MATTRESS, INC. 101 BENBRO DRIVE BUFFALO, NY 14225	
2. Principal Place of Business - No P.O. Box # 12660 BONITA BEACH RD SE Suite, Apt. #, etc.		3. Mailing Address 12660 BONITA BEACH RD SE Suite, Apt. #, etc.	
City & State BONITA SPRINGS, FL Zip 34135 Country USA		City & State BONITA SPRINGS, FL Zip 34135 Country USA	
4. FEI Number 20-8720721		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SCHILLER, STEPHEN J 7504 TREELINE DRIVE NAPLES, FL 34119		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12660 BONITA BEACH RD SE City BONITA SPRINGS FL Zip Code 34135	
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 <u>STEPHEN J. SCHILLER</u> Signature, typed or printed name of registered agent and title if applicable.		DATE <u>4/29/08</u> (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHILLER, JEROME D 285 GRANDE WAY, APT. 1603 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12660 BONITA BEACH RD SE BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHILLER, STEPHEN J 7504 TREELINE DRIVE NAPLES, FL 34119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12660 BONITA BEACH RD SE BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHILLER, MARC D 604 RENAISSANCE WAY DELRAY, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12660 BONITA BEACH RD SE BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>02518</u> <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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200129445652 05/14/08--01015--006 **288.75
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 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: Robert F. Greene, Controller 4/29/08 (239) 908-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #