## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000067050

Entity Name: SMYTHE FURNITURE HOLDINGS L.L.C

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1 NORTH FOREST RD
ORLANDO, FL 32803 US
14513 FARM HILLS PLACE
TAMPA, FL 33625 US

Current Mailing Address: New Mailing Address:

1 NORTH FOREST RD 14513 FARM HILLS PLACE ORLANDO, FL 32803 US TAMPA, FL 33625 US

FEI Number: 56-2672299 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SMYTHE, KEVIN J

1 NORTH FOREST RD
ORLANDO, FL 32803 US
SMYTHE, KEVIN J
14513 FARM HILLS PLACE
TAMPA, FL 33625 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: KEVIN SMYTHE 04/15/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: SMYTHE, KEVIN J Name: SMYTHE, KEVIN J Address: 1 NORTH FOREST RD Address: 14513 FARM HILLS PLACE

City-St-Zip: ORLANDO, FL 32803 City-St-Zip: TAMPA, FL 33625

Title: ( ) Delete Title: MGRM ( ) Change (X) Addition
Name: Name: TORRES, BENJI N
Address: 14513 FARM HILLS PLACE

City-St-Zip: Address. 14313 FARM FILES City-St-Zip: TAMPA, FL 33625

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: KEVIN SMYTHE MGRM 04/15/2009