

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000118673

**FILED**  
**Jul 17, 2008**  
**Secretary of State****Entity Name:** FURNISHING RESOURCE LLC**Current Principal Place of Business:**6681 33RD ST E  
UNIT C-1  
SARASOTA, FL 34243 US**New Principal Place of Business:**6681 33RD ST E  
UNIT A-1  
SARASOTA, FL 34243 US**Current Mailing Address:**1717 2ND ST  
STE D  
SARASOTA, FL 34236 US**New Mailing Address:****FEI Number:** 26-1471863      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BAUMGARDNER, BILL  
1717 2ND ST  
STE D  
SARASOTA, FL 34236 US**Name and Address of New Registered Agent:**

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

Date

**MANAGING MEMBERS/MANAGERS:****Title:** MGRM      ( ) Delete  
**Name:** SHENKIN, CORLISS S  
**Address:** 1717 2ND ST STE D  
**City-St-Zip:** SARASOTA, FL 34236 US**Title:** MGRM      ( ) Delete  
**Name:** AEQUITUS LLC,  
**Address:** 1717 2ND ST STE D  
**City-St-Zip:** SARASOTA, FL 34236 US**Title:**      ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** MGR      ( ) Change (X) Addition  
**Name:** BAUMGARDNER, WILLIAM  
**Address:** 8820 FOUNDERS CIR  
**City-St-Zip:** PALMETTO, FL 34221

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: CORLISS SHENKIN      MGRM      07/17/2008

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