

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000060235

Entity Name: SLEEPER, LLC

FILED
Mar 18, 2009
Secretary of State

Current Principal Place of Business:

265 WEST MASHTA DR
KEY BISCAYNE, FL 33149

New Principal Place of Business:

265 WEST MASHTA DR.
KEY BISCAYNE, FL 33149

Current Mailing Address:

265 WEST MASHTA DR
KEY BISCAYNE, FL 33149

New Mailing Address:

265 WEST MASHTA DR.
KEY BISCAYNE, FL 33149

FEI Number: 26-2886520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERL, LAWRENCE
721 SOUTH MASHTA DR
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

PERL, LAWRENCE
265 WEST MASHTA DRIVE
KEY BISCAYNE, FL 33149 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:

03/18/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PERL, LAWRENCE
Address: 721 SOUTH MASHTA DR
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM () Delete
Name: BONADIES, BRUCE
Address: 721 SOUTH MASHTA DR
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PERL, LAWRENCE
Address: 254 WEST MASHTA DR
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM (X) Change () Addition
Name: BONADIES, BRUCE
Address: 3700 HALDEMAN CREEK DR
City-St-Zip: NAPLES, FL 34112

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: LAWRENCE PERL

MGR

03/18/2009

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