


2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 588.75			
Annual Report Filing Fee + \$103.75 Corporate Supplemental Fee + \$385.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L96000000957	
THE PILLOW FACTORY, LLC 514 N.E. 190TH STREET NORTH MIAMI FL 33179		<i>an-AR CM</i>	
1a. Principal Place of Business Address		514 N.E. 190TH STREET NORTH MIAMI FL 33179	
2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
3. Date Organized or Qualified		3a. State of Formation	
09/10/1996		FL	
4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
65-0692175			
5. Date of Last Report		6. Certificate of Status Desired	
		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
BECKER, RICHARD % THE PILLOW FACTORY 514 N.E. 190TH STREET NORTH MIAMI FL 33179		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE		DATE	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	BECKER, RICHARD	% 514 N.E. 190TH STREET	NORTH MIAMI FL
			100002327021-- -10/22/97--01083--002 ****203.75 ****203.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

The Pillow Factory

514 N.E. 190th Street
No. Miami Beach, FL 33179-3919
PH (305) 652-0001
FAX (305) 652-0004

FILED
97 OCT 20 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 10, 1997

Florida Department of State
Sandra Mortham

Dear Sirs:

Please find enclosed form with our attached Federal Employer Identification Number. I understand you are looking for a late fee of \$385. Please be advised that this is the first year (1997) we owned the Company. When we received the report for the first time we processed it as soon as we could. Under these circumstances if you could please abate the penalty I think it would most equitable and deeply appreciated.

Thank you very much.

Sincerely,



Bill Cocciolone
Controller