File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY FILED Sandra B. Mortham **ANNUAL REPORT** Secretary of State 98 MAY -1 PH 4: 09 1998 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT** # L9700000973 1a. Principal Place of Business Address MURPHY BED PRODUCTS, LC 6370-2 U.S. #1 NORTH 6370-2 U.S. #1 NORTH ST. AUGUSTINE FL 32095 ST. AUGUSTINE FL 32095 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 6370-3 US. HWY#IN 09/04/1997 4. FEI Number FL Suite, Apt. #, etc. Sulte, Apt. #, etc. BLD6 Applied For City & State SAME City & State Not Applicable ST. AUGUSTINE 5. Date of Last Report 6. Certificate of Status Desired Country USA <sup>28</sup>32095 Country SB.75 Additional Fee Flequited ST. John USA. 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office DOUBLD P. Schultz
Street Address (P.O. Box Number is Not Acceptable)
6370-3 U.S. Hwy
Suite, Apt. #, etc. ANDERSON, NORMAN T JR. 6370-2 U.S. #1 NORTH ST. AUGUSTINE FL 32095 BL06#3 City Zip Code 32095 ST. AUGUSTINE 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. 4-27-98 SIGNATURE 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR AMERICAN WALL BED GO, ST. AUGUSTINE FL VALDON INDUSTRIES INC 6370-3 U.S. HWY#I N. ST. AUGUSTINE FL MGR \*\*\*\*188.75 \*\*\*\*188.75 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.

DONALD P. Schultz

SIGNATURE: