
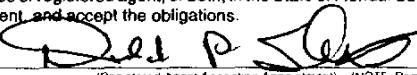


2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 AUG -5 PM 12:21 SECRETARY OF STATE TALLAHASSEE FLORIDA	
FILING FEE \$ 588.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L97000000973		1a. Principal Place of Business Address	
MURPHY BED PRODUCTS, LC 6370-3 U.S. #1 NORTH BLDG. 3 ST. AUGUSTINE FL 32095				6370-3 U.S. #1 NORTH BLDG. 3 ST. AUGUSTINE FL 32095	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/04/1997	
City & State		City & State		FL	
Zip		Country		4. FEI Number	
				59-3589344	
				APPLIED FOR	
				5. Date of Last Report	
				05/01/1998	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
SCHULTZ, DONALD P 6370-3 U.S. #1 NORTH BLDG. 3 ST. AUGUSTINE FL 32095		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 08-03-99	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	WALDON INDUSTRIES IN, WALDON	6370-3 U.S. #1 NORTH		ST. AUGUSTINE FL	
				300002957263--0	
				-08/11/99--01073--012	
				****588.75 ****588.75	

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:  DONALD P. SCHULTZ 08-03-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #