

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001814

FILED
Jan 30, 2004
Secretary of State

Entity Name: SEALY REAL ESTATE SERVICES, L.L.C.

Current Principal Place of Business:

333 TEXAS STREET, SUITE 2350
SHREVEPORT, LA 71101

New Principal Place of Business:

Current Mailing Address:

333 TEXAS STREET, SUITE 2350
SHREVEPORT, LA 71101

New Mailing Address:

FEI Number: 36-4532380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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/MEMBERS:

Title: MGR () Delete
Name: SEALY, SCOTT P
Address: 333 TEXAS STREET, SUITE 1050
City-St-Zip: SHREVEPORT, LA 71101

Title: MGR () Delete
Name: SEALY, MARK P
Address: 333 TEXAS STREET, SUITE 1050
City-St-Zip: SHREVEPORT, LA 71101

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: SEARS, CALVIN H
Address: 333 TEXAS STREET, SUITE 1050
City-St-Zip: SHREVEPORT, LA 71101

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CALVIN H. SEARS

MGR

01/30/2004

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