2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# M03000001814

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

Current Principal Place of Business:

333 TEXAS STREET, SUITE 1050
SHREVEPORT, LA 71101

New Principal Place of Business:

Current Mailing Address:

333 TEXAS STREET, SUITE 1050
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:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DRIVE
SUITE A
TALLAHASSEE, FL 32301 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/MANAGERS:

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:	MGR	( ) Delete
Name:	SEARS, CALVIN H	
Address:	333 TEXAS STREET, SUITE 1050	
City-St-Zip:	SHREVEPORT, LA 71101	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: CALVIN SEARS SEC 01/07/2009

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