

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000003417 1. Entity Name HILLSDALE FURNITURE LLC	
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Principal Place of Business 3901 BISHOP LANE LOUISVILLE, KY 30218	Mailing Address 3901 BISHOP LANE LOUISVILLE, KY 30218
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DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N. MERIDIAN ST. TALLAHASSEE, FL 32301

	
07062004 No Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-0235285	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable.	DATE _____ (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 8, 2004	U00000165370 07/12/04-80031-011 50.00
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NEIDER, CALVIN 3 WEST END AVE. OLD GREENWICH, CT 06870
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ANDERSEN, JAMES G 3 WEST END AVE. OLD GREENWICH, CT 06870
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DOOLITTLE, HAROLD 3 WEST END AVE. OLD GREENWICH, CT 06870
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CASE, WILLIAM 3 WEST END AVE. OLD GREENWICH, CT 06870
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FITTING, PHILIP 80 FIELD POINT RD. GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FORTENER, RANDY 2141 FAIRWOOD AVE. COLUMBUS, OH 43207

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	7/6/04 Date	502-562-0000 Daytime Phone #
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