


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # M06000006606	
1. Entity Name MASTER BEDS LLC	

Principal Place of Business 11540 HIGHWAY 92 EAST SEFFNER, FL 33584	Mailing Address 11540 HIGHWAY 92 EAST SEFFNER, FL 33584
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01032008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5943583	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BEYER, DAVID A
 101 E. KENNEDY BLVD., SUITE 2000
 C/O DLA PIPER US LLP
 TAMPA, FL 33602**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75**

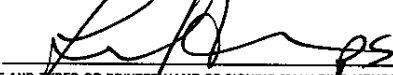
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR SEAMAN, JEFFREY 400 PERIMETER CENTER TERRACE, #800 ATLANTA, GA 30346
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PS STEIN, LEWIS 11540 HIGHWAY 92 EAST SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VS SHEER, JAMIE 11540 HIGHWAY 92 EAST SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V FINKEL, JEFFREY 400 PEREMETER CTR TERR NE SUITE 800 ATLANTA, GA 30346
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V WEITZNER, PETER 400 PEREMETER CTR TERR NE SUITE 800 ATLANTA, GA 30346
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VST KETTLE, J MICHAEL 400 PEREMETER CTR TERR NE SUITE 800 ATLANTA, GA 30346

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 06/03/08-80049-021 138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  | Lewis Stein **4/21/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #