

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006606

Entity Name: MASTER BEDS LLC

FILED
Feb 17, 2009
Secretary of State

Current Principal Place of Business:

11540 HIGHWAY 92 EAST
SEFFNER, FL 33584

New Principal Place of Business:

Current Mailing Address:

11540 HIGHWAY 92 EAST
SEFFNER, FL 33584

New Mailing Address:

FEI Number: 20-5943583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEYER, DAVID A
C/O DLA PIPER US LLP
100 NORTH TAMPA STREET, SUITE 2200
TAMPA, FL 33602 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: SEAMAN, JEFFREY
Address: 400 PERIMETER CENTER TERRACE, #800
City-St-Zip: ATLANTA, GA 30346

Title: PS () Delete
Name: STEIN, LEWIS
Address: 11540 HIGHWAY 92 EAST
City-St-Zip: SEFFNER, FL 33584

Title: VS () Delete
Name: SHEER, JAMIE
Address: 11540 HIGHWAY 92 EAST
City-St-Zip: SEFFNER, FL 33584

Title: V () Delete
Name: FINKEL, JEFFREY
Address: 400 PEREMETER CTR TERR NE SUITE 800
City-St-Zip: ATLANTA, GA 30346

Title: V () Delete
Name: WEITZNER, PETER
Address: 400 PEREMETER CTR TERR NE SUITE 800
City-St-Zip: ATLANTA, GA 30346

Title: VST () Delete
Name: KETTLE, J MICHAEL
Address: 400 PEREMETER CTR TERR NE SUITE 800
City-St-Zip: ATLANTA, GA 30346

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SEAMAN, JEFFREY
Address: 400 PERIMETER CENTER TERRACE, #800
City-St-Zip: ATLANTA, GA 30346

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

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Name:
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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: LEWIS STEIN

P

02/17/2009

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