

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

03-29-2002 91212 019 ****50.00

DOCUMENT # L01000001521

1. Entity Name
ARTLINKS JEWELRY, LLC

Principal Place of Business Mailing Address
 1975 LAS COLINAS WAY 1975 LAS COLINAS WAY
 CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071

27215



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1068624		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BERG ROLLIN, EILEEN 1975 LAS COLINAS WAY CORAL SPRINGS FL 33071				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL		Zip Code	

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME	<i>Principal Eileen Berg Rollin</i>	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<i>1975 Las Colinas Way Coral Springs, FL 33071</i>		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	<i>Principal Kenneth B. Rollin</i>	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<i>1975 Las Colinas Way Coral Springs, FL 33071</i>		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Eileen Berg Rollin* 2/15/02 954-227-7934
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)