

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90114 049 \*\*\*\*55.00

**DOCUMENT # L02000004460**

1. Entity Name

**JEWELTREE ENTERPRISES, L.L.C.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1136 Landings Loop**

Suite, Apt. #, etc.

3. Mailing Address  
**1136 Landings Loop**

Suite, Apt. #, etc.

City & State  
**Tallahassee, Florida**

Zip  
**32311**

Country  
**USA**

City & State  
**Tallahassee, Florida**

Zip  
**32311**

Country  
**USA**

4. FEI Number  
**020551454**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Bridget L. Hoyle**

Street Address (P.O. Box Number is Not Acceptable)

**3909 Reserve Dr. Apt. 534**

City  
**Tallahassee**

**FL**

Zip Code  
**32311**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM, Robert C. Hoyle**  
**1136 Landings Loop**  
**Tallahassee, FL 32311**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM, Cheryl G. Hoyle**  
**1136 Landings Loop**  
**Tallahassee, FL 32311**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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TITLE  
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CITY-ST-ZIP

**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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**JAN 7, 2003 (850) 584-1391**

Date

Daytime Phone #

CR2E083B (12/01)