2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000007010

1. Entity Name
JULIE ANN, L.L.C.



Principal Place of Business

933 DODECANESE BLVD TARPON SPRINGS, FL 34689 Mailing Address

933 DODECANESE BLVD TARPON SPRINGS, FL 34689

FILED Jan 14, 2008 8:00 am Secretary of State

01-14-2008 90042 030 ***150.00

PAAA



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01082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 30-0064750

Applied For Not Applicable

5. Certificate of Status Desired

9108

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RUSSELL, JULIE ANN 933 DODECANESE BLVD TARPON SPRINGS, FL 34689

SIGNATURE:

TYPED OR PRINTED NAME OF SK

DO NOT WRITE IN THIS SPACE

the obligations of registered agent.			
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		i
NAME	RUSSELL, JULIE ANN		1
STREET ADDRESS	616 ISLAND DRIVE		
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		
TITLE	MGRM		:
NAME	RUSSELL, JOHN C		
STREET ADDRESS	616 ISLAND DRIVE		1
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		1
TITLE	MGRM		
NAME	RUSSELL, JACQUELYN N		
_STREET ADDRESS	616 ISLAND DRIVE		T WOITE
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	DO NO	OT WRITE
TITLE		IN TH	IS SPACE
NAME		117 1111	13 SFACE
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			1
CITY-ST-ZIP			1
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.			

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