

FILED
Jul 22, 2003 8:00 am
Secretary of State

05-09-2003 90054 024 ****50.00

5/9

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

55051901

DOCUMENT # L02000012020

1. Entity Name
RIVERLILY JEWELRY LLC



Principal Place of Business
 1199 INDIAN PASS RD
 PORT ST JOE FL 32458

Mailing Address
 1199 INDIAN PASS RD
 PORT ST JOE FL 32458

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number
74 3041225

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
TROWELL, JEFF
78 COMMERCE ST
APALACHICOLA FL 32320

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER JEFF TROWELL 1199 INDIAN PASS RD PORT ST JOE FL 32458	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOSS MANAGER EVERYTHING	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ONLY 1 MANAGER - ME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IS THE SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **JEFF TROWELL** **04/29/03** **850 653 2600**

SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Telephone #

CR2003 (10/02)



55051901
#L02000012020

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 5, 2003

RIVERLILY JEWELRY LLC
1199 INDIAN PASS RD
PORT ST JOE, FL 32456

Subject: RIVERLILY JEWELRY LLC

Reference Number: L02000012020

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/RH
ANNUAL REPORTS SECTION

IF YOU ARE LOOKING FOR A WORD
OTHER THAN OWNER, BOSS, MANAGER
PLEASE LET US KNOW EXACTLY.

850 653-2600

Division of Corporations - P.O. BOX 6478 - Tallahassee, Florida 32314