


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90032 021 \*\*\*\*50.00

<b>DOCUMENT # L02000022271</b> 1. Entity Name <b>FAMILY JEWELS, LLC</b>	
---	---

Principal Place of Business <b>648 MAYPOP CT. BOCA RATON, FL 33486</b>	Mailing Address <b>648 MAYPOP CT. BOCA RATON, FL 33486</b>
---	---

**DO NOT WRITE IN THIS SPACE**



04242007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>04-3731153</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	--

6. Name and Address of Current Registered Agent  <b>WILSON, THOMAS J 648 MAYPOP CT. BOCA RATON, FL 33486</b>
--

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, THOMAS J 648 MAYPOP COURT BOCA RATON, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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 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.

**SIGNATURE:**

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

**4/24/07**

Date

**919-787-7711**

Daytime Phone #