

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


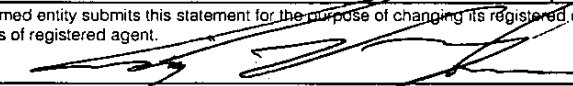

FILED
Jan 21, 2005 8:00 am
Secretary of State

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01152005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000002039			
1. Entity Name HENRIETTA'S, LLC			
Principal Place of Business 157 EAST 8TH STREET STE 115 JACKSONVILLE, FL 32206		Mailing Address 157 EAST 8TH STREET STE 115 JACKSONVILLE, FL 32206	
2. Principal Place of Business 1850 N. main st Suite, Apt. #, etc.		3. Mailing Address 1830 N. main st Suite, Apt. #, etc.	
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL	
Zip 32206	Country US	Zip 32206	Country US
4. FEI Number 35-2196900		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent VAN HORN, CRAIG S 157 EAST 8TH STREET STE 115 JACKSONVILLE, FL 32206		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1830 N. main st. City JACKSONVILLE FL Zip Code 32206	
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 1-15-05	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAN HORN, CRAIG S 157 EAST 8TH STREET, SUITE 115 JACKSONVILLE, FL 32206 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1830 N. main street JACKSONVILLE FL 32206 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: 		Date 1-15-05 904-358-3355	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	