## 2005 LIMITED LIABILITY COMPANY

**FILED ANNUAL REPORT** Apr 29, 2005 08:00 AM Secretary of State DOCUMENT # L03000029949 1. Entity Name BARTON'S JEWELERS, L.L.C. Principal Place of Business Mailing Address 5041 S.E. FEDERAL HIGHWAY 5041 S.E. FEDERAL HIGHWAY STUART, FL 34997 STUART, FL 34997 CR2E083 (10/03) 04222005No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0778568 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GROTON, KAREN L 5041 S.E. FEDERAL HĪGHWAY STUART, FL 34997 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 lamiliar with, and accept the obligations of registered agent. Filing Fee is \$50.00 Due by May 1, 2005 \_MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME BARTON, EUGENES 5041 S.E. FEDERAL HIGHWAY STREET ADDRESS CITY-ST-ZIP STUART, FL 34997 MGRM TITLE GROTON, KAREN L NAME STREET ADDRESS 5041 S.E. FEDERAL HIGHWAY CRTY-ST-7IP STUART, FL 34997 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP aapeldhagaattatidatti tähinliguddaarettaat oparoteeree it olevooridade

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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

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