

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Jul 09, 2008
Secretary of State**

DOCUMENT# L03000047462

Entity Name: EXCLUSIVELY YOURS, LTD. CO.

Current Principal Place of Business:

1034 W BROOME ST
CLERMONT, FL 34711 US

New Principal Place of Business:

10549 LAKESHORE DR
CLERMONT, FL 34711 US

Current Mailing Address:

1034 W BROOME ST
CLERMONT, FL 34711 US

New Mailing Address:

P O BOX 121460
CLERMONT, FL 34712 US

FEI Number: 20-0423865 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARDS, ROSEANNA J
1034 W BROOME ST
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

RICHARDS, ROSEANNA J
10549 LAKESHORE DR
CLERMONT, FL 34711 US

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.

SIGNATURE: _____ 07/09/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RICHARDS, ROSEANNA J
Address: 1034 W BROOME ST
City-St-Zip: CLERMONT, FL 34711 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RICHARDS, ROSEANNA J
Address: 10549 LAKESHORE DR
City-St-Zip: CLERMONT, FL 34711 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: RICHARDS, JUSTIN C MGRM
Address: 10549 LAKESHORE DR
City-St-Zip: CLERMONT, FL 34711 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROSEANNA J RICHARDS MGR 07/09/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date