


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # L05000011601

1. Entity Name
JO'S ART L.L.C.



Principal Place of Business 16319 COUNTY ROAD 132 LIVE OAK, FL 32060 US	Mailing Address 16319 COUNTY ROAD 132 LIVE OAK, FL 32060 US
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DO NOT WRITE IN THIS SPACE



02112007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2274972	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**COSTA, JOSEPHINE
 16319 COUNTY ROAD 132
 APT B
 LIVE OAK, FL 32060**

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  **JOSEPHINE COSTA OWNER/ARTIST** **02-11-07**
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**

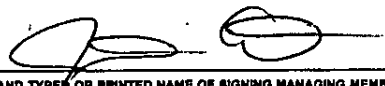
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COSTA, JOSEPHINE 16319 COUNTY ROAD 132 APT B LIVE OAK, FL 32060
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 05/02/07-80086-017 55.00

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:  **JOSEPHINE COSTA** **02-11-07 (386) 214-6080**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #