2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000035106

1. Entity Name
JORDYN'S JEWEL BOX, LLC

Principal Place of Business	Mailing Address
P.O. BOX 20833 BRADENTON, FL 34204	P.O. BOX 20833 BRADENTON, FL 34204

2. Principal Place of Business - No P.O. Box #
7019 74TH ST. CIRCLE E

3. Mailing Address
7019 74TH ST. CIRCLE E

Suite, Apt. #, etc. —

Suite, Apt. #, etc. —

01162007   Chg-LLC   CR2E083 (12/06)

City & State: BRADENTON, FL

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4. FEI Number: 20-2668779   ☐ Applied For ☐ Not Applicable

Zip: 34203   Country: USA

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5. Certificate of Status Desired ☑   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BAND, GREGORY S
1680 FRUITVILLE ROAD, #102
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name:

Street Address (P.O. Box Number is Not Acceptable):

City: FL   Zip Code:

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR	☐ Delete	TITLE MGR	☑ Change	☐ Addition
NAME	SALTZBERG, RACHEL M		NAME SALTZBERG, RACHEL M		
STREET ADDRESS	P O BOX 20833		STREET ADDRESS 7019 74TH ST. CIRCLE E		
CITY-ST-ZIP	BRADENTON, FL 34204		CITY-ST-ZIP BRADENTON, FL 34203		
TITLE	MGRM	☐ Delete	TITLE MGRM	☑ Change	☐ Addition
NAME	SALTZBERG, DARREN		NAME SALTZBERG, DARREN		
STREET ADDRESS	P O BOX 20833		STREET ADDRESS 7019 74TH ST CIRCLE E		
CITY-ST-ZIP	BRADENTON, FL 34204		CITY-ST-ZIP BRADENTON, FL 34203		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Rachel M. Saltzberg   04.10.2007   (941)345-7975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #