


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000073863 1. Entity Name BEADNIKS OF ST. ARMANDS CIRCLE, LLC	
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Principal Place of Business 12 NORTH BOULEVARD OF PRESIDENTS STORE #1 SARASOTA, FL 34236 US	Mailing Address 12 NORTH BOULEVARD OF PRESIDENTS STORE #1 SARASOTA, FL 34236 US
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04242007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3292760	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent RICHARDSON, THOMAS 7215 CHATSWORTH CT. UNIVERSITY PARK, FL 34201

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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: *Thomas Richardson* 4/25/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rechartering) DATE

Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHARDSON, THOMAS M 97 HVOSLEF WAY, PO BOX 2107 VINEYARD HAVEN, MA 02568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COOK, THERESA A 97 HVOSLEF WAY VINEYARD HAVEN, MA 02568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHARDSON, ERIN L 2700 COCONUT BAY LANE #1-L SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/15/07-80124-012 50.00

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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: *Thomas Richardson* 4/25/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #