

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000117863

FILED  
Feb 15, 2006  
Secretary of State

Entity Name: SURE JEWELS LLC

**Current Principal Place of Business:**

14239 NW 26TH AVE.  
GAINESVILLE, FL 32606 US

**New Principal Place of Business:**

**Current Mailing Address:**

14239 NW 26TH AVE.  
GAINESVILLE, FL 32606 US

**New Mailing Address:**

P.O. BOX 358684  
GAINESVILLE, FL 32635 US

FEI Number: 20-3933338

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

JOHNSON, SHAMEKA D  
14239 NW 26TH AVE.  
GAINESVILLE, FL 32606 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JOHNSON, SHAMEKA D  
Address: P.O. BOX 358684  
City-St-Zip: GAINESVILLE, FL 32635 US

Title: MGRM ( ) Delete  
Name: JOHNSON, MICHAEL L SR.  
Address: P.O. BOX 358684  
City-St-Zip: GAINESVILLE, FL 32635 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SHAMEKA D. JOHNSON

MGRM

02/15/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date