2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000117863

FILED
Jan 10, 2007
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:

P.O. BOX 358684
GAINESVILLE, FL 32635 US

New Mailing Address:

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 01/10/2007

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