2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000046359

Entity Name: JAZMINE'S TRIM & TAN, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
834 SPRING LAKE SQUARE WINTER HAVEN, FL 33881 US	

Current Mailing Address:	**New Mailing Address:**
153A MCKAY DRIVE HAINES CITY, FL 33844 US	834 SPRING LAKE SQUARE WINTER HAVEN, FL 33881 US

FEI Number: 20-4815761   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
FERNANDEZ, LIZBETH 153 A MCKAY DRIVE HAINES CITY, FL 33844 US	FERNANDEZ, LIZBETH 657 SUNWAY LANE WINTER HAVEN, FL 33880 US

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: LIZBETH FERNANDEZ   04/29/2007
_____
                 Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition	
Name:	FERNANDEZ, LIZBETH	Name:	FERNANDEZ, LIZBETH	
Address:	153 A MCKAY DRIVE	Address:	657 SUNWAY LANE	
City-St-Zip:	HAINES CITY, FL 33844	City-St-Zip:	WINTER HAVEN, FL 33880	
Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition	
Name:	THOMAS, TODD W	Name:	THOMAS, TODD W	
Address:	153 A MCKAY DRIVE	Address:	657 SUNWAY LANE	
City-St-Zip:	HAINES CITY, FL 33844	City-St-Zip:	WINTER HAVEN, FL 33880	

I hereby certify that the information supplied with this filing does not qualify 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: LIZBETH FERNANDEZ   MGR   04/29/2007
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     Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date