

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000103198

Entity Name: A UNIQUE OCCASION LLC

FILED
Apr 17, 2008
Secretary of State

Current Principal Place of Business:

4149 HIDDEN BRANCH DR N
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

4149 HIDDEN BRANCH DR N
JACKSONVILLE, FL 32257

New Mailing Address:

21 SQUIRREL PLACE
PALM COAST, FL 32164

FEI Number: 11-3792034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AVERY, RODERICK O
4149 HIDDEN BRANCH DR N
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

AVERY, RODERICK O
21 SQUIRREL PLACE
PALM COAST, FL 32164 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: RODERICK AVERY

04/17/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STEPHENS, ALDONETTE
Address: 4149 HIDDEN BRANCH DR N
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGRM () Delete
Name: AVERY, RODERICK O
Address: PO BOX 1286
City-St-Zip: ARCHER, FL 32618

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: AVERY, ALDONETTE
Address: 21 SQUIRREL PLACE
City-St-Zip: PALM COAST, FL 32164

Title: MGRM (X) Change () Addition
Name: AVERY, RODERICK O
Address: 21 SQUIRREL PLACE
City-St-Zip: PALM COAST, FL 32164

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: RODERICK AVERY

MANA

04/17/2008

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