


04-13-2007 90041 029 ****50.00

DOCUMENT # L06000110385						Secretary of State 04-13-2007 90041 029 ****50.00					
1. Entity Name J & S FRAME GALLERY LLC				Principal Place of Business 905 NORTH 15TH STREET FERNANDINA BEACH, FL 32034				Mailing Address 905 NORTH 15TH STREET FERNANDINA BEACH, FL 32034			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address				04102007 Chg-LLC CR2E083 (12/06)			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				4. FEI Number 20-5882179			
City & State				City & State				Applied For Not Applicable			
Zip		Country		Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
WILKINSON, JILL M 905 NORTH 15TH STREET FERNANDINA BEACH, FL 32034						Name					
						Street Address (P.O. Box Number is Not Acceptable)					
						City					
						FL Zip Code					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____											
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State							
9. MANAGING MEMBERS/MANAGERS						10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM WILKINSON, JILL M 905 NORTH 15TH STREET FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.											
SIGNATURE:  JILL M. WILKINSON						4-10-07 (904) 321-1556					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE						Date Daytime Phone #					