


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 24, 2008 8:00 am
Secretary of State

05-05-2008 90042 022 ***138.75

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DOCUMENT # L07000022225					
1. Entity Name THE JEWEL BOX & EQUESTRIAN GIFTS "LLC"					
Principal Place of Business 500 BELZ OUTLET BLVD SUITE 285 ST. AUGUSTINE, FL 32084			Mailing Address 261 CARTER CRABTREE RD EAST PALATKA, FL 32131 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent MARTI, GLORIA S 261 CARTER CRABTREE RD EAST PALATKA, FL 32131				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WARF, DEANNA G 261 CARTER CRABTREE RD EAST PALATKA, FL 32131	<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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Gloria Marti</i> GLORIA MARTI			Date: <i>4/30/08</i> 701-377 5370		