

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000068989

FILED
Mar 19, 2008
Secretary of State

Entity Name: JANE OF ALL TRADES FL L.L.C.

Current Principal Place of Business:

3000 KNOWLES BLVD.
KISSIMMEE, FL 34741

New Principal Place of Business:

2803 LATTER DAY COURT
SAINT CLOUD, FL 34772

Current Mailing Address:

3000 KNOWLES BLVD.
KISSIMMEE, FL 34741

New Mailing Address:

2803 LATTER DAY COURT
SAINT CLOUD, FL 34772

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWLES, JANELLE
2802 PALMYRA CT.
ST. CLOUD, FL 34772 US

Name and Address of New Registered Agent:

BOWLES, JANELLE
2803 LATTER DAY COURT
ST. CLOUD, FL 34772 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: JANELLE L BOWLES

03/19/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BOWLES, JANELLE
Address: 3000 KNOWLES BLVD.
City-St-Zip: KISSIMMEE, FL 34741

Title: MGRM () Delete
Name: SPENCER, HALEY
Address: 3000 KNOWLES BLVD.
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BOWLES, JANELLE
Address: 2803 LATTER DAY COURT
City-St-Zip: SAINT CLOUD, FL 34772

Title: MGRM (X) Change () Addition
Name: SPENCER, HALEY
Address: 616 NEW YORK AVE
City-St-Zip: SAINT CLOUD, FL 34769

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: JANELLE L BOWLES

MGR

03/19/2008

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