

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000109524

FILED
Jul 09, 2008
Secretary of State

Entity Name: TOWN CENTER CHOCOLATIERS LLC

Current Principal Place of Business:

4413 TOWN CENTER PARKWAY
SUITE 219
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

Current Mailing Address:

4413 TOWN CENTER PARKWAY
SUITE 219
JACKSONVILLE, FL 32246 US

New Mailing Address:

FEI Number: 26-1323528 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JOYNER, JUSTIN
1873 RIVER ROAD
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

JOYNER, JUSTIN
1873 RIVER RD.
JACKSONVILLE, FL 32207 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: JUSTIN JOYNER

07/09/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SAMS, JACKLYN S
Address: 4332 PINWOOD AVENUE
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: MGRM () Delete
Name: JOYNER, PAULA
Address: 1334 LAKEWOOD ROAD
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: MGRM () Delete
Name: JOYNER, JUSTIN
Address: 1873 RIVER ROAD
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: MGRM () Delete
Name: SAMS, CHRIS
Address: 1873 RIVER ROAD
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: MGRM () Delete
Name: SAMS, JACK
Address: 9756 ORR COURTS NORTH
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: MGRM () Delete
Name: SAMS, SUSAN
Address: 9756 ORR COURTS NORTH
City-St-Zip: JACKSONVILLE, FL 32246 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JACKLYN S. SAMS

MGR

07/09/2008

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