

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000106645

Entity Name: JEWELD, LLC

FILED  
Apr 29, 2009  
Secretary of State

## Current Principal Place of Business:

C/O DAVID G. BUDD  
5551 RIDGEWOOD DRIVE, SUITE 501  
NAPLES, FL 34108

## New Principal Place of Business:

## Current Mailing Address:

C/O DAVID G. BUDD  
5551 RIDGEWOOD DRIVE, SUITE 501  
NAPLES, FL 34108

## New Mailing Address:

FEI Number: 26-3754296

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BUDD, DAVID G  
5551 RIDGEWOOD DRIVE, SUITE 501  
NAPLES, FL 34108 US

## Name and Address of New Registered Agent:

STARMAN, SHELDON W  
2375 TAMIAMI TRAIL NORTH  
SUITE 110  
NAPLES, FL 34103 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: SHELDON W STARMAN

04/29/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRT ( ) Change (X) Addition  
Name: STARMAN, SHELDON W  
Address: 2375 TAMIAMI TRAIL NORTH, SUITE 110  
City-St-Zip: NAPLES, FL 34103

Title: AMGR ( ) Change (X) Addition  
Name: BUDD, DAVID G  
Address: 5551 RIDGEWOOD DRIVE, SUITE 501  
City-St-Zip: NAPLES, FL 34108

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: DAVID G BUDD

AMGR

04/29/2009

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