2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000021927

1. Entity Name LOVING FINE JEWELRY LLC



FILED May 05, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

640 FIFTH AVENUE SOUTH NAPLES, FL 34102 US 640 FIFTH AVENUE SOUTH NAPLES, FL 34102 US



DO NOT WRITE IN THIS SPACE

04302008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 71-0998337

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ELLIOTT, JANE 1100 MISTY PINES CIR. #102 NAPLES, FL 34105

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	9.	MANAGING MEMBERS/MANAGERS		
NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	NAME STREET ADDRESS	ELLIOTT, JANE 1100 MISTY PINES CIRCLE #102		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME Strieet adoress			
NAME STREET ADDRESS	NAME STREET ADDRESS			
11. I hereby certify that the information supplied with this filing does not qualify for the ex	NAME STREET ADDRESS CITY-ST-ZIP			

U00000947024 05/30/08-80072-023 138.75

DO NOT WRITE IN THIS SPACE

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 eath; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-29-00 239-649-145