

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007079

FILED  
Jan 31, 2009  
Secretary of State

Entity Name: CITY GEMS, LLC

**Current Principal Place of Business:**

460 SOUTH ROSEMARY AVE., #178  
178  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

460 SOUTH ROSEMARY AVE., #178  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

460 SOUTH ROSEMARY AVE., #178  
178  
WEST PALM BEACH, FL 33401

FEI Number: 65-1069880

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOTTLIEB, STUART M  
222 LAKEVIEW AVE SUITE 260  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LAZOW, HAROLD  
Address: 460 SOUTH ROSEMARY AVE #178  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR ( ) Delete  
Name: LAZOW, MARTHA  
Address: 460 SOUTH ROSEMARY AVE #178  
City-St-Zip: WEST PALM BEACH, FL 33401

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: HAROLD LAZOW

MR.

01/31/2009

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