

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000006388



1. Entity Name
R & S JEWELERS, LLC

Principal Place of Business
3291 W. SUNRSIE BLVD
FORT LAUDERDALE, FL 33311

Mailing Address
12224 NW 30TH AVE
SUNRISE, FL 33323

DO NOT WRITE IN THIS SPACE



01072004No Chg-LLC

CR2E083 (10/03)

4. FEI Number
04-3629999

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANN & WOLF, LLP
4300 N. UNIVERSITY DR., #C-203
FT. LAUDERDALE, FL 33351

**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

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GEDHOVICH, DAVID
STREET ADDRESS	12224 NW 30TH AVE
CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	TD
NAME	GEDHOVICH, PETER
STREET ADDRESS	3948 OSPREY COURT
CITY-ST-ZIP	WESTON, FL 33331
TITLE	D
NAME	GEDHOVICH, NATALIA
STREET ADDRESS	3948 OSPREY COURT
CITY-ST-ZIP	WESTON, FL 33331
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000005422
01/16/04-80002-016 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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:

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

Date

Daytime Phone #