


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L05000104849				
1. Entity Name GREAT JEWELS OF THE WEST LLC				
Principal Place of Business 1747 VAN BUREN ST. SUITE 840 HOLLYWOOD, FL 33020 US			Mailing Address 1747 VAN BUREN ST. SUITE 840 HOLLYWOOD, FL 33020 US	
2. Principal Place of Business			3. Mailing Address	
Suite, Apt. #, etc.			Suite, Apt. #, etc.	
City & State			City & State	
Zip	Country	Zip	Country	4. FEI Number 01272008 Chg-LLC CR2E083 (11/05)
5. Certificate of Status Desired <input type="checkbox"/>			Additional Fee Required \$5.00	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
FINK, HOWARD N 1747 VAN BUREN ST. 840 HOLLYWOOD, FL 33020			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	
			FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____				
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FINK, HOWARD N	NAME	U00000410551	
STREET ADDRESS	1747 VAN BUREN ST	STREET ADDRESS	02/03/06-80035-023 50.00	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AKKAD, ROBERT	NAME		
STREET ADDRESS	555 E. LIONSHEAD CIRCLE	STREET ADDRESS		
CITY-ST-ZIP	VAIL, CO 81658	CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RESNICK, LESTER	NAME		
STREET ADDRESS	3800 SOUTH OCEAN DR.	STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33019	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
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 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: <i>Howard N. Fink Mgr.</i>			Date: <i>1/27/06</i>	Daytime Phone #: <i>954-927-1400</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				