2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L00000003753

1. Entity Name

FLAGLER JEWELRY CENTER, L.L.C.



Principal Place of Business

17 EAST FLAGLER ST.

MIAMI, FL 33131

Mailing Address

PO BOX 13351

MIAMI, FL 33101

FILED Apr 25, 2005 08:00 AM Secretary of State



04212005 No Chg-LLC

CR2E083 (10/03)

FEI Number	 Applied For
65-1008948	Not Applicable
. Certificate of Status Desired	\$5.00 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

KATES, LESTER G ESQ. 807 GABELS INTERNATIONAL PLAZA 2655 LEJEUNE ROAD CORAL GABLES, FL 33134

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 ramiliar with, and accept
	the obligations of registered agent.	

SIGNATURE.

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

(NOTE Registered Agent signature regulated when reinslating)

Filing Fee is \$50.00 Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GOMEZ, ELIZABETH 2 NE 1 STREET MIAMI, FL 33132
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGRM HORTA, DELIA 2 NE 1 STREET MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHERMAN, JEFF PO BOX 13351 MIAMI, FL 33101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHERMAN, BERTA PO BOX 13351 MIAMI, FL 33101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with his 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

MANAYINGSTEMBER ED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE