2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

Mar 28, 2003 8:00 am Secretary of State DOCUMENT # **L0000006673** 03-28-2003 90005 030 ****50.00 SAVANNAH JEWELRY COMPANY, LLC Principal Place of Business Mailing Address 918 N 20TH AVE 918 N 20TH AVE HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-1015245 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **LURIA, PETER** Street Address (P.O. Box Number is Not Acceptable) 918 N 20TH AVE HOLLYWOOD FL 33020 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES CEO TITLE Change ☐ Addition ☐ Delete TITLE NAME LURIA, PETER NAME STREET ADDRESS STREET ADDRESS 1800 W. 23RD ST. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33140** TITI F Delete TITLE Change ☐ Addition BANNER, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 67 DUNBAR RD. CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 TITLE MEM Delete TITLE ☐ Change ☐ Addition NAME HOWARD, EUGENE NAME STREET ADDRESS STREET ADDRESS 1111 LINCOLN RD. #400 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete MEM TITLE Change Change ☐ Addition SINGER, ALLEN STREET ADDRESS STREET ADDRESS 3100 N. OCEAN BLVD. #2008 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33308 ☐ Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Addition Change Change NAME NAME STREET ADDRESS STREET ADDRESS

SIGNATURE:

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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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED