


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000007998</b>	
1. Entity Name <b>MEL FISHER'S TREASURES, LLC</b>	

Principal Place of Business <b>200 GREENE STREET KEY WEST, FL 33040</b>	Mailing Address <b>200 GREENE STREET KEY WEST, FL 33040</b>
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04042008 No Chg - LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1024036</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>FISHER, KIM 200 GREENE STREET KEY WEST, FL 33040</b>
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**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 retaining) DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CRYSTALS RECOVERY, INC. 200 GREENE STREET KEY WEST, FL 33040</b>
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05/10/06-80048-002 50.00

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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:** *Kim Fisher*  
SIGNATURE AND TYPED OR PRINTED NAME OF SHOWING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #