

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000008817

1. Entity Name  
PALMBEACHJEWELRY.COM, LLC



Principal Place of Business  
6400 EAST ROGERS CIRCLE  
BOCA RATON, FL 33499

Mailing Address  
6400 EAST ROGERS CIRCLE  
BOCA RATON, FL 33499



01072004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3660189

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SETA, JOE  
6400 EAST ROGERS CIRCLE  
BOCA RATON, FL 33499

**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**

000000092667  
03/19/04-80017-022 55.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SETA, JOE  
6400 EAST ROGERS CIRCLE  
BOCA RATON, FL 33499

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SETA, DON  
6400 EAST ROGERS CIRCLE  
BOCA RATON, FL 33499

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SETA, ANTHONY  
6400 EAST ROGERS CIRCLE  
BOCA RATON, FL 33499

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

3/10/04

Date

561 994 2660

Daytime Phone #