


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000008817</b> 1. Entity Name PALMBEACHJEWELRY.COM, LLC	
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<b>Principal Place of Business</b> 6400 EAST ROGERS CIRCLE BOCA RATON, FL 33499	<b>Mailing Address</b> 6400 EAST ROGERS CIRCLE BOCA RATON, FL 33499
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**DO NOT WRITE IN THIS SPACE**



02092006 No Chg-LLC

CR2E083 (11/05)

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 reinstalling) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SETA, JOSEPH 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	

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IN THIS SPACE**

400000534597  
05/08/06-80018-008 55.00

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:** Daniel Hyman, Controller 4/25/06 561-994-2660  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #