2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jul 26, 2005
Secretary of State

DOCUMENT# L00000012930

Entity Name: J.M.T. MASTER JEWELERS L.L.C.

Current Principal Place of Business:

1002 W. SR 436
SUITE 1014
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

1002 W. SR 436
SUITE 1014
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 59-3685064 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RESTREPO, JOSE S
531 HARVARD PLACE
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

RESTREPO, JOSE S PRES
531 HARVARD PLACE
APOPKA, FL 32703 US

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.

SIGNATURE: JOSE S RESTREPO, PRES 07/26/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: RESTREPO, JOSE
Address: 1002 W SR 436
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: RESTREPO, JOSE S PRES
Address: 531 HARVARD PLACE
City-St-Zip: APOPKA, FL 32703 US

Title: MGRM ( ) Change (X) Addition
Name: RESTREPO, TERESA J VP
Address: 531 HARVRAD PLACE
City-St-Zip: APOPKA, FL 32703 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOSE S RESTREPO, PRES MGM 07/26/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date