2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000012930

1. Entity Name

J.M.T. MASTER JEWELERS L.L.C.



FILED Apr 11, 2008 08:00 All Secretary of State

Principal Place of Business

Mailing Address

1002 W. SR 436

1002 W. SR 436

SUITE 1014 ALTAMONTE SPRINGS, FL 32714 SUITE 1014 ALTAMONTE SPRINGS, FL 32714

US



01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3685064

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered apent and title if applicable

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

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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.
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(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

MANAGING MEMBERS/MANAGERS MGR TITLE NAME RESTREPO, JOSE S PRES STREET ADDRESS 531 HARVARD PLACE APOPKA, FL 32703 CITY-ST-ZIP MGRM TITLE RESTREPO, TERESA J VP NAME STREET ADDRESS 531 HARVRAD PLACE CITY-ST-ZIP APOPKA, FL 32703 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

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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 regeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

NAME STREET ADDRESS CITY-ST-7IP