


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000020037		
1. Entity Name BIJOUX LLC		

FILED  
07 APR 23 AM 8:42

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 103 VALENCIA BLVD JUPITER, FL 33458	Mailing Address C/O AMANDA LOPEZ CANTERA 2300 CORAL WAY MIAMI, FL 33145
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2. Principal Place of Business - No P.O. Box # 2300 CORAL WAY	3. Mailing Address
Suite, Apt. #, etc. 201	Suite, Apt. #, etc.
City & State MIAMI, FL	City & State
Zip 33145	Country US

01242007 Chg-LLC CR2E083 (12/06)

4. FEI Number 75-3033726	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICE, INC 2300 CORAL WAY STE 200 MIAMI, FL 33145	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SABARSKY, SYLVIA 2300 CORAL WAY SUITE 200 MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SABARSKY, MIRIAM 2300 CORAL WAY SUITE 200 MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SABARSKY, ALICIA 2300 CORAL WAY SUITE 200 MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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100099200741  
04/27/07--01002--018 \*\*\$5.00

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: Sylvia Sabarsky  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

02/27/07 (305) 856-0058  
Date Daytime Phone #

SYLVIA SABARSKY, MGRM