Apr 07 05 12:41p A C BERGMAN CPA

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Apr 13, 2005 8:00 am
Secretary of State
04-13-2005 90213 027 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000001558

1. Entity Name
JEWELRY RESERVE.COM, LLC

Principal Place of Business	Mailing Address
6005 ALTON ROAD MIAMI BEACH, FL 33140 US	6005 ALTON ROAD MIAMI BEACH, FL 33140 US

2. Principal Place of Business	3. Mailing Address
36 NE 1st Street	36 NE 1st Street
Suite, Apt. #, etc. #625	Suite, Apt. #, etc. #625
City & State Miami FL	City & State Miami FL
Zip 33132 Country USA	Zip 33132 Country USA

04072005 Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3591855 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ATTIA, GUY 6005 ALTON ROAD MIAMI BEACH, FL 33140	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ATTIA, GUY 6005 ALTON ROAD MIAMI BEACH, FL 33140 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: ______________________ 4-8-05 305-372-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #