


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L03000016035	
<b>1. Entity Name</b> CRACCO JEWELRY, LLC	

<b>Principal Place of Business</b> 2300 CORAL WAY SUITE #200 MIAMI, FL 33145 US	<b>Mailing Address</b> 2300 CORAL WAY SUITE #200 MIAMI, FL 33145 US
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**DO NOT WRITE IN THIS SPACE**



01072005No Chg-LLC CR2E083 (10/03)

<b>4. FEI Number</b> 77-0600164	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

FLORIDA ANNUAL REPORT SERVICES, INC.  
2300 CORAL WAY, STE. 200  
MIAMI, FL 33145

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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: Amada Cantera Lopez **AMADA CANTERA LOPEZ** **8/22/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00 Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGR CRACCO, EDY ROBERTO 2305 NW 20TH ST. MIAMI, FL 33142
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGR SALAZAR, MARTA 2305 NW 20TH ST. MIAMI, FL 33142
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGR SALAZAR, ORLANDO 2305 NW 20TH ST. MIAMI, FL 33142
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

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04/05/05-80017-019 55.00

**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:** Orlando Salazar **11/2/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**ORLANDO SALAZAR, MGR**