



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L03000016035</b>						<b>FILED</b> <b>06 MAR 28 PM 2:09</b> FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
<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					
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.		<b>3. Mailing Address</b>  Suite, Apt. #, etc.					
<b>City &amp; State</b>		<b>City &amp; State</b>					
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>				
<b>4. FEI Number</b> 02252006 Chg-LLC CR2E083 (11/05) 77-0600164				<b>Applied For</b> <input type="checkbox"/> Not Applicable			
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>							
<b>6. Name and Address of Current Registered Agent</b>  FLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY, STE. 200 MIAMI, FL 33145				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>			
<b>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.</b>							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>				<b>10. ADDITIONS / CHANGES</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CRACCO, EDY ROBERTO 2305 NW 20TH ST. MIAMI, FL 33142 <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	MGR SALAZAR, MARTA 2305 NW 20TH ST. MIAMI, FL 33142 <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	MGR SALAZAR, ORLANDO 2305 NW 20TH ST. MIAMI, FL 33142 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	800069629168 04/06/06--01039--010 **\$5.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<b>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.</b>							
<b>SIGNATURE:</b> <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				3-8-06 305856-0056 Date Daytime Phone #			

ORLANDO SALAZAR