2008 LIMITED LIABILITY COMPANY

TITLE NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP

CITY-ST-ZIP TITLE

SIGNATURE AND TYPED

FILED Feb 11, 2008 08:00 AN Secretary of State ANNUAL REPORT DOCUMENT # L04000013506 1. Entity Name BT AIRPORT NOVELTIES LLC Principal Place of Business Mailing Address 6950 NW 77 CT P O BOX 520687 MIAMI, FL 33166 MIAMI, FL 33152 01172008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3785081 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRAYSON, MOISES T ESQ DO NOT WRITE 25 SE 2ND AVENUE STE. 730 MIAMI, FL 33131 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS MGRM THEF BIJOUX TERNER, LLC NAME U00000824403 STREET ADDRESS 6850 NW 77 CT 02/20/08-80074-019 138.75 CITY-ST-ZIP MIAMI, FL 33166 TITLE NAME STREET ADORESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

OR PRINTED NAME OF SIGNING MANAGING MEMBER, OF