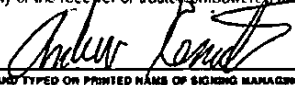


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

03-11-2005 90056 050 ****50.00

DOCUMENT # L04000025714			
1. Entity Name JEWSTAR LLC			
Principal Place of Business 2501 BAY AVENUE MIAMI BEACH, FL 33140		Mailing Address 2501 BAY AVENUE MIAMI BEACH, FL 33140	
2. Principal Place of Business 2700 Bay Ave		3. Mailing Address 2700 Bay Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI BEACH		City & State MIAMI BEACH	
Zip 33140	Country PADE	Zip 33140	Country PADE
4. FCI Number 20-112-8016		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FELDMAN, PAUL 407 LINCOLN ROAD STE. 701 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent 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 _____			
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	MGRM RESNICK, ANDREW J 2501 BAY AVENUE MIAMI BEACH, FL 33140 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM RESNICK, ANDREW J 2700 BAY AVE MIAMI BEACH, FLA. 33140 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM LINDE, STEVEN 2501 BAY AVENUE MIAMI BEACH, FL 33140 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM LINDE, STEVEN 2700 BAY AVE MIAMI BEACH, FLA. 33140 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ 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
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ 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
11. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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:  ANDREW RESNICK		2-28-05	
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			