

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025714

Entity Name: JEWSTAR LLC

FILED  
Jun 30, 2006  
Secretary of State

**Current Principal Place of Business:**

2700 BAY AVE  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

2700 BAY AVE  
MIAMI BEACH, FL 33140

**New Mailing Address:**

FEI Number: 20-1128016      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

FELDMAN, PAUL  
407 LINCOLN ROAD STE. 701  
MIAMI BEACH, FL 33139      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: RESNICK, ANDREW J  
Address: 2700 BAY AVE  
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM      ( ) Delete  
Name: LINDE, STEVEN  
Address: 2700 BAY AVE  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

CEO

06/30/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date