


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000076035**

1. Entity Name  
**TAUBE ESTATE JEWELERS, LLC**



Principal Place of Business 1330 GALLEON DRIVE NAPLES, FL 34102	Mailing Address 1330 GALLEON DRIVE NAPLES, FL 34102
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04172008 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1773241	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**TAUBE, EARL**  
**3010 8TH STREET N.W.**  
**NAPLES, FL 34102**

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARLSON, GARRETT G SR. 1330 GALLEON DRIVE NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAUBE, EARL 3010 8TH STREET N.W. NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 05/03/06-80099-004 50.00

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

SIGNATURE: Earl Taube 4-18-06 (239) 455-0177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #