

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 17, 2005 8:00 am
Secretary of State

05-03-2005 90021 013 ****50.00

30010688



08112005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000087995 1. Entity Name TEGUI JEWELS, LLC					
Principal Place of Business 40 NE 1ST AVE. SUITE 804 MIAMI, FL 33132			Mailing Address 40 NE 1ST AVE. SUITE 804 MIAMI, FL 33132		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 06-1739376	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent LOWENSTEIN-ELORTEGUI, FLAVIA 40 NE 1ST AVE. SUITE 804 MIAMI, FL 33132			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOWENSTEIN-ELORTEGUI, FLAVIA 40 NE 1ST AVE. SUITE 804 MIAMI, FL 33132	☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:			08/11/05 305-9876807		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

May 02 05 12:34p Flavia Lowenstein

5/3/2005-90021-013-\$50.00-\$50.00

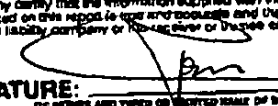
FROM :

FAX NO. : 3055699118

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

ATTACHMENT

300 10686

DOCUMENT # L04000087995					
1. Entity Name TEGUI JEWELS, LLC					
Principal Place of Business 40 NE 1ST AVE, SUITE 804 MIAMI, FL 33132		Mailing Address 40 NE 1ST AVE, SUITE 804 MIAMI, FL 33132			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		06012005 Ctg-LLC CR2ED03 (10/03)	
Zip	Country	Zip	Country	4. FEI Number 06-1739376	Applied For Not Applicable
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LOWENSTEIN-ELORTEGUI, FLAVIA 40 NE 1ST AVE, SUITE 804 MIAMI, FL 33132				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					
Signature, typed or printed name of registered agent and fee if applicable. (DO NOT Registered Agent signature required when filing this report)					
Filing Fee is \$50.00 Due by September 7, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	
	MGR	LOWENSTEIN-ELORTEGUI, FLAVIA	40 NE 1ST AVE, SUITE 804 MIAMI, FL 33132		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 registered agent or the person empowered to execute this report as required by Chapter 609, Florida Statutes.					
SIGNATURE: 				Date: 5/2/05 305-329-4141	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICERS OR PERSON, MANAGER, OR AUTHORIZED REPRESENTATIVE					