2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 17, 2005 8:00 am
Secretary of State
05-03-2005 90021 013 ****50.00

DOCUMENT # L04000087995

1. Entity Name
TEGUI JEWELS, LLC

3U010b6b

08112005 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
40 NE 1ST AVE. SUITE 804 MIAMI, FL 33132	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	
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	7. Name and Address of New Registered Agent
LOWENSTEIN-ELORTEGUI, FLAVIA 40 NE 1ST AVE. SUITE 804 MIAMI, FL 33132	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 title if applicable. (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	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LOWENSTEIN-ELORTEGUI, FLAVIA		NAME		
STREET ADDRESS	40 NE 1ST AVE. SUITE 804		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33132		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 08/11/05 305-987680?
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

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Principal Place of Business	Mailing Address
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[redacted]

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MIAMI, FL 33132

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9. MANAGING MEMBERS / MANAGERS		
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		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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SIGNATURE: [signature] 5/2/05 305-329-4141

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