

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000100081

**FILED**  
**Dec 21, 2006**  
**Secretary of State**

**Entity Name:** TREASURE COAST JEWELRY MART L.L.C.

**Current Principal Place of Business:**

168 S US 1  
PORT ST LUCIE, FL 34952

**New Principal Place of Business:**

2840 NW US 1  
STUART, FL 34994

**Current Mailing Address:**

168 S US 1  
PORT ST LUCIE, FL 34952

**New Mailing Address:**

2840 NW US 1  
STUART, FL 34994

**FEI Number:** 20-4444105      **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:**

WEINBAUM, CHET E ESQ  
207 ATLANTIC AVENUE  
FT PIERCE, FL 34950      US

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

HUFF TAX & ACCOUNTING SERVICES  
900 EAST OCEAN BLVD  
D-232  
STUART, FL 34994 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: MARI HUFF

12/21/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: LEVY, STEVE GARY  
Address: 168 S US 1  
City-St-Zip: PORT ST LUCIE, FL 34952

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: LEVY, STEVE G  
Address: 2840 NW US 1  
City-St-Zip: STUART, FL 34994

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: STEVE G LEVY

MGR

12/21/2006

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