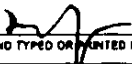


FILED
Aug 08, 2007 8:00 am
Secretary of State

04-25-2007 90032 029 ****55.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000080840			
1. Entity Name JEM JEWELRY, LLC			
Principal Place of Business 18745 S.E. FEDERAL HIGHWAY TEQUESTA, FL 33469		Mailing Address 18745 S.E. FEDERAL HIGHWAY TEQUESTA, FL 33469	
2. Principal Place of Business - No P.O. Box # 416 Clematis St.		3. Mailing Address 416 Clematis St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State West Palm Beach, FL		City & State West Palm Beach, FL	
Zip 33401		Zip 33401	
Country		Country	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required		4. FEI Number ☒ Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required		02202007 Chg-LLC CR2E083 (12/06)	
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.		7. Name and Address of New Registered Agent	
RUBENFELD, DAREN 18745 S.E. FEDERAL HIGHWAY TEQUESTA, FL 33469		Name 416 Clematis St. West Palm Beach, FL 33401	
SIGNATURE  4/10/07		DATE	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Managing Member Jordan K. Kupper 416 Clematis St. West Palm Beach, FL 33401		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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ 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	
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:  4/11/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	