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

30012143

Principal Place of Business
18745 S.E. FEDERAL HIGHWAY
TEQUESTA, FL 33469

Mailing Address
18745 S.E. FEDERAL HIGHWAY
TEQUESTA, FL 33469

02202007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #
416 Clematis St.
Suite, Apt. #, etc.
City & State
West Palm Beach, FL
Zip: 33401
Country

3. Mailing Address
416 Clematis St.
Suite, Apt. #, etc.
City & State
West Palm Beach, FL
Zip: 33401
Country

4. FEI Number — [X] Applied For / Not Applicable

5. Certificate of Status Desired [X] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
RUBENFELD, DAREN
18745 S.E. FEDERAL HIGHWAY
TEQUESTA, FL 33469

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable): 416 Clematis St.
City: West Palm Beach, FL Zip Code: 33401

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] 4/10/07
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 May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	Managing Member	☐ Delete
NAME	Jordann Tijner	
STREET ADDRESS	416 Clematis St.	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [signature] 4/11/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #