

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002402

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: PONTE VECCHIO JEWELERS, LLC

**Current Principal Place of Business:**

4096 PGA BLVD.  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 15278  
PLANTATION, FL 33318

**New Mailing Address:**

P.O.BOX 33267  
PALM BCH.GARDENS, FL 33420

FEI Number: 39-1944034

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KLEIN, LOUIS  
4096,PGA BLVD  
PALM BCH GARDENS, FL 33410 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KLEIN, LOUIS  
Address: P.O. BOX 15278  
City-St-Zip: PLANTATION, FL 33318

Title: MGRM ( ) Delete  
Name: GIOIELLERIA, ITALIANA  
Address: P.O.BOX 15278  
City-St-Zip: PLANTATION, FL 33318

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KLEIN, LOUIS  
Address: P.O. BOX 33267  
City-St-Zip: PALM BEACH GARDEN, FL 33420

Title: MGRM (X) Change ( ) Addition  
Name: GIOIELLERIA, ITALIANA  
Address: P.O.BOX 33267  
City-St-Zip: PALM BCH.GARDENS, FL 33420

I hereby certify that the information supplied with this filing does not qualify 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: LOUIS KLEIN

MGR

04/27/2009

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