2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M04000001328

1. Entity Name

MEL FISHER'S TREASURES - NEVADA, LLC



FILED Apr 28, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

200 GREENE STREET KEY WEST, FL 33040 200 GREENE STREET KEY WEST, FL 33040



04052006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0860171 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FISHER, KIM 200 GREENE STREET KEY WEST, FL 33040

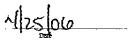
TITLE
NAME
STRIET ADDRESS
CHY-ST-ZP

DO NOT WRITE IN THIS SPACE

KEY WES	T, FL 33040		N THIS SPACE
	e numed entity submits this statement for the purpose of chartions of registered agent.	nging its registered office or registered agen	t, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and trie if applicable	(NOTE: Registered Agent arginature required when remain	m(ng) OATE
F	iling Fee is \$50.00 tue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS	. [
TITLE	MGR		
NAME	MEL FISHER TREASURE EXHIBIT, INC.		
STREET ADDRESS	200 GREENE STREET	ì	
CITY-ST-ZIP	KEY WEST, FL 33040		
NR.E			U00000541187
NAME		1	
STREET ADDRESS	}	ì	05/10/06-80048-005 50.00
eny-si-zip	}	i	
TITLE			
HAME	{	i i	
STREET ADDRESS	}		OO NOT WRITE
CHY-ST-ZP		<u>.</u>	O NO! WRITE
BRE			N THIS SPACE
NAME	{	į '	W THIS SPACE
STREET ADDRESS		1	
CITY-ST-ZIP			
BILE			
NAWE.		1	
STRELE ADDRESS		1	
City-St-Zip		1	

11. I hereby certify that the information supplied with this fitting 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED ON PRINTED HAVE OF STORING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE



Daylime Phone #