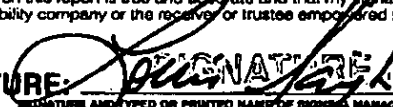


FILED  
Mar 31, 2003 8:00 am  
Secretary of State

03-06-2003 90003 028 \*\*\*\*50.00

2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |         |                                                                                   |                                                                                   |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # L02000025141</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |         |                                                                                   |  |         |
| 1. Entity Name<br><b>HARRY'S OF AMERICA, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |         |                                                                                   |                                                                                   |         |
| Principal Place of Business<br><b>1056 NORTH THIRD STREET<br/>JACKSONVILLE BEACH FL 32250</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |         | Mailing Address<br><b>1056 NORTH THIRD STREET<br/>JACKSONVILLE BEACH FL 32250</b> |                                                                                   |         |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |         | 3. Mailing Address                                                                |                                                                                   |         |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |         | Suite, Apt. #, etc.                                                               |                                                                                   |         |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |         | City & State                                                                      |                                                                                   |         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | Country | Zip                                                                               |                                                                                   | Country |
| 4. FEI Number<br><b>22-3875356</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |         |                                                                                   | Applied For<br><input type="checkbox"/> Not Applicable                            |         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |         |                                                                                   | <b>\$5.00 Additional Fee Required</b>                                             |         |
| 6. Name and Address of Current Registered Agent<br><b>RAX CO<br/>C/O DANIEL B. MUNN, JR.<br/>50 N. LAURA STREET, SUITE 3300<br/>JACKSONVILLE FL 32202</b>                                                                                                                                                                                                                                                                                                                                                     |                                 |         | 7. Name and Address of New Registered Agent                                       |                                                                                   |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |         | Name                                                                              |                                                                                   |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |         | Street Address (P.O. Box Number is Not Acceptable)                                |                                                                                   |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |         | City                                                                              |                                                                                   |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |         | FL Zip Code                                                                       |                                                                                   |         |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>                                                                                                                                                                                                                                                                                                                                    |                                 |         |                                                                                   |                                                                                   |         |
| DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |         |                                                                                   |                                                                                   |         |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2003</b>                                                                                                                                                                                                                                                                                                                                                                                    |                                 |         |                                                                                   |                                                                                   |         |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |         | 10. ADDITIONS/CHANGES                                                             |                                                                                   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  PRESIDENT<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                |                                 |         |                                                                                   |                                                                                   |         |
| Date: <b>03/03/03</b> 404-247-1510<br><small>Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |         |                                                                                   |                                                                                   |         |

CR2E083 (10/02)

*Attachment*

*58020702*

*#102000028141*

Florida Department of State  
Division of Corporations  
PO Box 6478  
Tallahassee, FL 32314

**Fed ID # 22-3875356**

**Harry's of America, LLC (Parent Company)**

**Board of Managers**

Louis Saig - President  
1056 N 3rd St.  
Jacksonville Beach, FL 32250  
904-247-1510

Greg Saig  
1056 N 3rd St.  
Jacksonville Beach, FL 32250  
904-247-1510

William Scheel  
1056 N 3rd St.  
Jacksonville Beach, FL 32250  
904-247-1510

Steve Koegler - Secretary  
9995 Gate Parkway N.  
Suite 400  
Jacksonville, FL 32246  
904-996-8800

William Chatten  
9995 Gate Parkway N.  
Suite 400  
Jacksonville, FL 32246  
904-996-8800