2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001409

NEW YORK, NY 10010

City-St-Zip:

Entity Name: KATE SPADE LLC

FILED Jul 14, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 48 WEST 25TH ST NEW YORK, NY 10010 **Current Mailing Address: New Mailing Address:** 48 WEST 25TH ST NEW YORK, NY 10010 FEI Number: 13-4039945 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: ADDITIONS/CHANGES: MGR Title: (X) Change () Addition () Delete SMITH, ROBERT A NEIMAN MARCUS GROUP, Name: Name: 27 BOYLSTON ST Address: ONE MARCUS SQUARE - 1618 MAIN STREET Address: City-St-Zip: CHESTNUT HILL, MA 02467 City-St-Zip: DALLAS, TX 75201 Title: MGR () Delete Title: MEM (X) Change () Addition COOK, JOHN R Name: Name: ALEX NOEL INC., Address: 27 BOYLSTON ST Address: 48 WEST 25TH STREET City-St-Zip: CHESTNUT HILL, MA 02467 City-St-Zip: NEW YORK, NY 10010 Title: MGR (X) Delete Title: () Change () Addition GIBBONS, PAUL F Name: Name: Address: 27 BOYLSTON ST Address: City-St-Zip: CHESTNUT HILL, MA 02467 City-St-Zip: Title: MGR (X) Delete Title: () Change () Addition Name: SPADE, KATE B Name: Address: 48 WEST 25TH ST Address: City-St-Zip: NEW YORK, NY 10010 City-St-Zip: Title: MGR (X) Delete Title: () Change () Addition SPADE, ANDREW Name: Name: 48 WEST 25TH ST Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: /B. ELYCE ARONS/ MEM 07/14/2006