

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90202 016 \*\*\*\*50.00

**DOCUMENT # M06000000293**



1. Entity Name  
 RETAILDNA, LLC

Principal Place of Business  
 525 S. FLAGLER DR., SUITE 500  
 WEST PALM BEACH, FL 33401

Mailing Address  
 525 S. FLAGLER DR., SUITE 500  
 WEST PALM BEACH, FL 33401

60029685



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02262007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
 25-1562598

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

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

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

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE  
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 CITY-ST-ZIP  Delete

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 CITY-ST-ZIP  Change  Addition

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 CITY-ST-ZIP  Delete

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*[Handwritten Signature]*