

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90187 033 ***150.00

DOCUMENT # F02000005231 1. Entity Name TED BAKER LIMITED, INC.			
Principal Place of Business 800 BRICKELL AVENUE SUITE 1107 MIAMI, FL 33131		Mailing Address 800 BRICKELL AVENUE SUITE 1107 MIAMI, FL 33131	
2. Principal Place of Business 3510 UNOCAL PLACE		3. Mailing Address 3510 UNOCAL PLACE	
Suite, Apt. #, etc. SUITE 300		Suite, Apt. #, etc. SUITE 300	
City & State SANTA ROSA, CA		City & State SANTA ROSA, CA	
Zip 95403		Zip 95403	
Country USA		Country USA	
4. FEI Number 13-3953341		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OPPENHEIM, STEVEN P 800 BRICKELL AVE. SUITE 1107 MIAMI, FL 33131		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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC KELVIN, RAYMOND 800 BRICKELL AVE., SUITE 1107 MIAMI, FL 33131	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREEN, RICHARD 800 BRICKELL AVE., SUITE 1107 MIAMI, FL 33131	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PAGE, LINDSAY 800 BRICKELL AVE., SUITE 1107 MIAMI, FL 33131	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS OPPENHEIM, STEVEN P 800 BRICKELL AVE., SUITE 1107 MIAMI, FL 33131	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete	☐ Change ☐ Addition
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Steven P. Oppenheim</i>		STEVEN P. OPPENHEIM ASSISTANT SECRETARY	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4-24-06 Daytime Phone # 305-3718555	

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