

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L01000010431

Entity Name: RC BAL HARBOUR L.L.C.

**FILED**  
**Feb 01, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

C/O ART FASHION CORPORATION  
745 FIFTH AVENUE, 31ST FLOOR  
NEW YORK, NY 10151

**New Principal Place of Business:**

BAL HARBOUR SHOPS #138  
9700 COLLINS AVE  
BAL HARBOUR, FL 33154 US

**Current Mailing Address:**

C/O ART FASHION CORPORATION  
745 FIFTH AVENUE, 31ST FLOOR  
NEW YORK, NY 10151

**New Mailing Address:**

C/O ART FASHION CORPORATION  
745 FIFTH AVENUE  
NEW YORK, NY 10022

FEI Number: 31-1810048

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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: DEBORAH D. SKIPPER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: SEGARRA, EDDIE  
Address: 1395 NW 155TH LANE  
City-St-Zip: PEMBROKE PINES, FL 33028

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BARDUCCI, FRANCO  
Address: C/O ART FASHION CORPORATION 745 FIFTH AVE  
City-St-Zip: NEW YORK, NY 10022 US

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

SIGNATURE: FRANCO BARDUCCI

MGRM

02/01/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date