

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90028 008 \*\*\*\*50.00

**DOCUMENT # L01000010431**

1. Entity Name

RC BAL HARBOUR L.L.C.



Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

3. Mailing Address

C/O ART FASHION CORP.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

712 FIFTH AVE. - 27TH FL

City & State

City & State

NEW YORK, NY

Zip

Country

Zip

Country

10019

USA

1st MOORE

CR2E083 (10/05)

4. FEI Number

31-1810048

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGRM ☒ Delete  
NAME BARDUCCI, FRANCO  
STREET ADDRESS C/O ART FASHION CORPORATION 745 FIFTH AVE  
CITY-ST-ZIP NEW YORK NY 10022

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME FRANCO BARDUCCI  
STREET ADDRESS C/O ART FASHION 712 FIFTH AVE.  
CITY-ST-ZIP NEW YORK, NY 10019

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE FINANCIAL CONTROLLER ☐ Change ☒ Addition  
NAME SATTIE SINGH  
STREET ADDRESS 712 FIFTH AVE. 27TH FL  
CITY-ST-ZIP NEW YORK, NY 10019

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Sattie Singh* Sattie Singh

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

2/24/06

212-308-5566-25

Date

Daytime Phone #