

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000010431

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

FILED
Feb 06, 2009
Secretary of State

Current Principal Place of Business:

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

Current Mailing Address:

C/O ART FASHION CORPORATION
712 FIFTH AVENUE- 27TH FLR.
NEW YORK, NY 10019

New Principal Place of Business:

BAL HARBOUR SHOPS #152
9700 COLLINS AVE
BAL HARBOUR, FL 33154 US

New Mailing Address:

C/O ART FASHION CORPORATION
712 FIFTH AVENUE- 27TH FLOOR
NEW YORK, NY 10019

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: MATTARINI, ALESSANDRO
Address: C/O ART FASHION 712 FIFTH AVE, 27TH FLR
City-St-Zip: NEW YORK, NY 10019 US

Title: FC () Delete
Name: SINGH, SATTIE
Address: 712 FIFTH AVE, 27TH FLR
City-St-Zip: NEW YORK, NY 10019

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: ALESSANDRO MATTARINI

P

02/06/2009

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