

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

03-26-2004 90160 026 ****50.00

DOCUMENT # L01000020768

1. Entity Name
BBI RETAIL, L.L.C.



Principal Place of Business
**3000 N.W. 107TH AVE.
MIAMI, FL 33172**

Mailing Address
**C/O BROAD AND CASSEL
201 S BISCAYNE BLVD, #3000
MIAMI, FL 33131**

34002877



2. Principal Place of Business

3. Mailing Address

3000 NW 107TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ATTN: TAX DEPT.

03052004 Chg-LLC CR2E083 (10/03)

City & State

City & State

MIAMI, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

33172

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

**B & C CORPORATE SERVICES, INC.
201 SOUTH BISCAYNE BLVD.
SUITE 3000
MIAMI, FL 33131**

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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PERRY ELLIS INTERNATIONAL, INC.
3000 N.W. 107TH AVE.
MIAMI, FL 33172**

☐ Delete

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

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11. I hereby certify that the information supplied with this filing does not qualify 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 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 606, Florida Statutes.

SIGNATURE: *Henry P. Linder, Rosemary P. Truex* 3/23/04 (305) 873-1294

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

Date

Daytime Phone #