


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

03-17-2006 90028 047 \*\*\*\*50.00

<b>DOCUMENT # L02000026178</b>	
1. Entity Name <b>RC CORAL GABLES L.L.C.</b>	

Principal Place of Business <b>THE MALL AT MERRICK PLAZA 342 LORENZO AVE, SUITE 1090 CORAL GABLES FL 33146 US</b>	Mailing Address <b>C/O ART FASHION CORPORATION 745 FIFTH AVENUE 31ST FL NEW YORK NY 10022 US</b>
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2. Principal Place of Business		3. Mailing Address <b>C/O ART FASHION CORP.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>712 FIFTH AVE. - 27th FL</b>	
City & State		City & State <b>NEW YORK, NY</b>	
Zip	Country	Zip	Country
		<b>10019</b>	<b>U.S.A</b>

1st MOORE CR2E083 (10/05)

4. FEI Number <b>05-0540964</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required		
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301</b>		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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
		<b>FILE NOW!!! FEE IS \$50.00</b>	
		<b>Make Check Payable to Florida Department of State</b>	
		<b>Due By May 1, 2006</b>	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BARDUCCI, FRANCO</b> <input checked="" type="checkbox"/> Delete <b>C/O ART FASHION CORPORATION 745 FIFTH AVE NEW YORK NY 10022</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT FRANCO BARDUCCI</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>C/O ART FASHION 712 FIFTH AVE. - 27 FL New York, NY 10019</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FINANCIAL CONTROLLER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>C/O ART FASHION 712 FIFTH AVE. - 27th FL New York, NY 10019</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



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: 	<b>SATTIE SINGH</b>	Date: <b>2/24/06</b>	Daytime Phone #: <b>212-308 5566</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			