## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 19, 2006 08:00 AM Secretary of State DOCUMENT # L02000033413 1. Entity Name GENT'S FORMAL WEAR, LLC Mailing Address Principal Place of Business **400 EAST WRIGHT STREET** 400 EAST WRIGHT STREET PENSACOLA, FL 32501 PENSACOLA, FL 32501 CRIZE083 (11/05) 01102006No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 41-7766043 Not Applicable \$5.00 Additional D 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CRENSHAW, RICHARD C 400 EAST WRIGHT STREET IN THIS SPACE PENSACOLA, FL 32501 5. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floridal. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) DATE Filling Fee Is \$50.00 Due by May 1, 2008 MANAGING MEMBERS/MANAGERS 8. MGR TILE CRENSHAW, RICHARD C MAME 400 EAST WRIGHT STREET STREET ACCIDESS PENSACOLA, FL 32501 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAUAE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 outs, 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.

Richael Cus how 4/12/06 850-434.3272 SIGNATURE:

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

STREET ADDRESS CITY-ST-ZIP TITLE MANE STREET ADDRESS CITY-ST-ZIP

Davitra Phone #

FILED