

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2004 8:00 am
Secretary of State

05-25-2004 90204 022 ****50.00

DOCUMENT # L03000024475						
1. Entity Name YURMAN RETAIL FLORIDA, LLC						
Principal Place of Business 501 MADISON AVENUE, 8TH FLOOR NEW YORK, NY 10022-5602			Mailing Address 501 MADISON AVENUE, 8TH FLOOR NEW YORK, NY 10022-5602			
2. Principal Place of Business 9700 Collins Avenue Suite, Apt. #, etc. Bal Harbour Shops		3. Mailing Address 24 Vestry Street Suite, Apt. #, etc. 11th Floor				
City & State Bal Harbour, FL		City & State New York, NY		4. FEI Number 57-1179460		
Zip 33154		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE CEO NAME DAVID YURMAN STREET ADDRESS 186 Franklin St. CITY-ST-ZIP New York, NY 10013	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PRESIDENT NAME SYBIL YURMAN STREET ADDRESS 186 Franklin St. CITY-ST-ZIP New York, NY 10013	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE EXECUTIVE VICE PRESIDENT NAME TERRI EAGLE STREET ADDRESS 333 WEST END AVENUE CITY-ST-ZIP NEW YORK, NY 10023	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP FINANCE NAME Scott Vogel STREET ADDRESS 19 John Shine Ct. CITY-ST-ZIP Rivervale, NJ 07675	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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 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 608, Florida Statutes.						
SIGNATURE:				5/7/04 212-896-1564		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #		