


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90035 050 ***150.00

DOCUMENT # <u>L03000024475</u>	
1. Entity Name YURMAN RETAIL FLORIDA, LLC	

DO NOT WRITE IN THIS SPACE

20043501

2. Principal Place of Business 9700 Collins Av/Mall @ Millenia		3. Mailing Address 24 VESTRY STREET	
Suite, Apt. #, etc. SUITE 178 / LOT # 282		Suite, Apt. #, etc.	
City & State BAL HARBOUR / ORLANDO		City & State NEW YORK, NY	
Zip 33154 / 32839	Country USA	Zip 10013	Country USA
4. FEI Number 57-1179460		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	Name CORPORATION SERVICE COMPANY		
	Street Address (P.O. Box Number is Not Acceptable)		
	1201 HAYS STREET		
	City TALLAHASSEE	FL	Zip Code 32301

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 CORPORATION SERVICE COMPANY **DATE** 4/28/2006

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C - DAVID YURMAN 24 VESTRY ST. NEW YORK, NY 10013	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P - SYBIL YURMAN 24 VESTRY ST. NEW YORK, NY 10013	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO - PAUL BLUM 24 VESTRY ST. NEW YORK, NY 10013	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/S - SCOTT VOGEL 24 VESTRY ST. NEW YORK, NY 10013	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Scott Vogel **DATE** 4/28/2006 **DAYTIME PHONE #** 212-896-1564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)