2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 30, 2006 8:00 am Secretary of State

1. Entity Nan	IMENT # L04000014 Tail, llc	1639				04-26-2006 9	0148 034	****5	0.00
Principal Place of Business Mailing Address 230 PALERMO AVENUE 230 PALERMO AVENUE CORAL GABLES, FL 33134 US CORAL GABLES, FL 33				us	30009174				
2. Principal f	Place of Business	3. Mailing Address							
Suste, Apt. #, etc.		Suite, Apt. #, etc.		04052006	Chg-LLC	CR2E083	(11/05))	
City & Stat	ite	City & State	City & State		4. FEI Number 20-4940904		1904		pplied For tot Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired	□ \$5	.00 Ad Require	ditional ed
	6. Name and Address of Current	Registered Agent			7. Name and	d Address of New Ro	egistered Age	mt	
230 PALE	CHRISTOPHER G			Name Street Address ((P.O. Box Numb	per is Not Acceptable)		
CORALG	SABLES, FL 33134	à		} 					
			å	City			FL	Zip Coc	
8. The above	e named entity submits this statement to	or the purpose of changing its		ed office or register	red agent, or bo	oth, in the State of Flo	rida. I am fam	iliar with	and accept
ĺ	•	•							
SIGNATURE	Signatura, lignad or primary runna of impatered inpers	(PIO) aldeologe is efficient	E Page wa	id Agant Signsture repuired	3 when remaining)		DATE		
F D	iling Fee is \$50,00 lue by May 1, 2006			Make check payable to Florida Department of State				•	
9.	MANAGING MEMBE	ERS/MANAGERS	10.	•		ADDITIONS/	CHANGES		
HAME STREET ADDRESS	MGRM KORGE, CHRISTOPHER G 230 PALERMO AVENUE	☐ Octob		COPPRESS		-		Change	Addition
CITY-51-21P	MIAMI, FL 33134			SF-70					
TITLE NAME		Octobe	HILE	· 1				Change	☐ Addition
TREEL ADDRESS CHY-SL-DP				ET ADORES?					
DILE			_	-SI-ZIP					
HAME STREET ADDRESS		Oelets .	HAME STREE	ı			u	Change	Addition
THLE			OTT	-SI-7IP					
NAME		Defete	TOTLE	·				Change	- Addition
STREET ADDRESS CHY-ST DP			STREE	ET ADORESS -SE-ZIP					
THEE NAME		Oelete	TITLE					Change	Addition
STREET ADDARESS				E Et address · St - 21p					
mrs		☐ Delete	TITLE					Charme	- Laditar
HAME STREET ALVANGES		544-	NAME					Change	Addition
(TITE STORES)			1	ET ADDRESS -ST-ZIP					
11. I hereby of indicated firmited lia	certify that the information supplied with I on this report is true and accurate and ability company or the receiver or trustee	this filing does not qualify for that my signature shall have	the exen	mptions contained in	n Chapter I 19, ade undar oath	Florida Statutes, I funt	ther certify that	the infor	rmation r of the
 	ability company or the receiver or trustee	empowered to execute this r	epon es	required by Chapte	41 000, PIORICE (Statutes.			
	TURE: _//_ ///								

ATTACHMENT

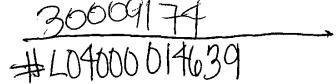
#L0400014639

Form S	S-4	Application for	Employ	er Identification	Number	-	IN		
(Rev. Dec Departme	ember 2001)	(For use by employers,	20-4940904						
Treasury	evenue Service	government agencies, Indian tribal entities, certain individuals, and others.) See separate instructions for each line. Keep a copy for your records.					OMB No. 1545-0003		
		ividual) for whom the EIN is being				Comb No.	1043-0003		
US	Retail LLC								
2 Trade	name of business (if d	lifferent from name on line 1)		3 Executor, trustee, "care of	of name				
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 230 Patermo Avenue				5a Street address (if different) (Do not enter a P.O. box)					
4b* City, state, and ZIP code Coral Gables FL 33134 -				5b City, state, and ZIP code					
Count	Miami Dade Sta								
Chri	stopher G Korge	eneral partner, grantor, owner, or	trustor	7b SSN, ITIN, EIN 262-31-5720					
8a° Type	of entity (check only or oprietor (SSN)	one)		(SSN of decedent)					
- Sole i Partn	Proprietor (SSN) ership			Iministrator (SSN) SSN of grantor)					
	ration (enter form num	aber to be filed) >			 State/local gover	nment			
Perso	nal Service				Federal governm	ent/military			
_ Churc	h or church-controlled	organization	REMIC	Γ	Indian tribal gove	emment/enterpri	ses		
Other Other	nonprofit organization (specify) Limited L	(specify) ► ∟iability Co	Group Exe	mption N0. (GEN) >					
b Ifaco	orporation, name the sible) where incorporate	tate or foreign country	State FL		Foreign countr	у			
Reaso	on for applying (check o	only one)	T.	Banking purpose (specify pur	pose) ▶				
	d new business (speci	fy type)	I_	Changed type of organization	(specify new type)) >			
Reta		1. 1. 1. 1. 1.	1	Purchased going business		•			
Comp	employees (Check the liance with IRS withhol	tion regulations	ļ	Created a trust (specify type)	.				
Other	(specify) 🏲		1	Created a pension plan (spec	iny type) 🟲				
)* Date	business started or ac	equired (month, day, year)		11 Closing month of accoun	iting year				
2 First d	ate wages or annuities	s were paid or will be paid (month	, day, year) N	DEC ote:If applicant is a withholdin	g agent, enter date		<u> </u>		
COINE W	ni ni si be paid to nonre	esident alien. (month, day, year) .		, •					
13 Highest number of employees expected in the next twelve months Note: If the applicant does not expect to have any employees during the period, enter *-0-*					Agriculture 0	Household _0	Other 0		
4° Chec	k box that best describ	oes the principal activity of your bu	siness	Health care & soc	ial assistance	Wholesale-a	gent/broker		
Consti Real e		al & leasing Transportation Transportation Finance & in	on & warehous		food service	Wholesale-o	ther		
	(specify)	racturing i Finance & in	surance	Retail					
* Indica	ate principal line of me	rchandise sold; specific constructi	on work done;	products produced; or service	es provided.				
a Has	the applicant ever app	olied for an employer identification				s 🛂 No			
OLO II	es piease compiete ili	nes top and toc							
egal na rade na	110 -	e 16a, give applicant's legal name	and trade nar	ne shown on prior application	if different from line	e 1 or 2 above.			
c Appn	ximate date when, an	d city and state where, the applica	ation was filed.	Enter previous employer iden	tification number if	known			
*pproxim	nate date when filed (m	nonth, day, year) City and sta	ate where filed	Pi	revious EIN	MUNII.			
	Complete section only if	f you want to authorize the named indi-	vidual to receive	the entity's EIN and answer quest	ions about the comple	etion of this form			
hird Party	Designee's name				- - 				
esignee	Address and ZIP cod	le			Designee's tele	ephone number (ir	iclude area cod		
					() -				
1	-				1 4 5	Bumber (include)			

Print Review IRS Form SS-4 EIN

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Under penalties of perjury. I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly)

Christopher G Korge
Signature

Nay 26, 2006 GMT

()
Applicant's telephone number (include area code)

(305) 444 - 9533

Applicant's fax number (include area code)

(305) 444 - 3790