2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000031949

1. Entity Name FASHION TWO, LLC



Principal Place of Business C/O CHARLES J. GOLDMAN 804 OCEAN DR, 2ND FLOOR MIAMI BEACH, FL 33139 Mailing Address

C/O CHARLES J. GOLDMAN 804 OCEAN DR, 2ND FLOOR MIAMI BEACH, FL 33139

FILED Feb 21, 2006 8:00 am Secretary of State

02-21-2006 90176 012 ****55.00



01162006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1030139

Applied For Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional Fee Required

– ∍≠6..Name and Address of Current Registered Agent. –

LEVINSON, EDWARD E ESQ 407 LINCOLN RD, PH-SE MIAMI BEACH, FL 33139

NAME_ STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

8. The above the obligat	e named entity submits this statement for the purpose of changing tions of registered agent.	its registere	ed office or registered agent, or both, in t	the State of Florida. I am familiar with	h, and accept
SIGNATURE	; f: Signature, typed or printed name of registered egent and little if applicable. (N	IOTE Registere	d Agent signature required when reinstating)	DATE	<u></u>
	iling Fee is \$50.00 ue by May 1, 2006	. ~	s regard and the second of the	Unic	
9.	MANAGING MEMBERS/MANAGERS		1	د ر ه	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDMAN, CHARLES J 804 OCEAN DR. 2ND FLOOR MIAMI BEACH, FL 33139				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDMAN, R. ANTHONY 804 OCEAN DRIVE 2ND FLOOR MIAMI BEACH, FL 33139				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	DO N	OT WRITE	*
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	IN TH	IIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

11. I hereby certify that the information supplied with this filling 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 oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empoyered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:			
SIGNATURE AND TYPED OR	RINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #