2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# L04000064507

Entity Name: REBECCA MINKOFF, LLC

Current Principal Place of Business:

403 EDGEWOOD AVENUE
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

403 EDGEWOOD AVENUE
CLEARWATER, FL 33755

New Mailing Address:

FEI Number: 47-0945140 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MINKOFF, URI Y
403 EDGEWOOD AVENUE
CLEARWATER, FL 33755 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	MINKOFF, DAVID	
Address:	3949 LOS FELIZ BLVD. #311	
City-St-Zip:	LOS ANGELES, CA 90027	
Title:	MGRM	( ) Delete
Name:	MINKOFF HOLDINGS,	
Address:	3949 LOS FELIZ BLVD. #311	
City-St-Zip:	LOS ANGELES, CA 90027	
Title:	MGRM	( ) Delete
Name:	MINKOFF, REBECCA	
Address:	404 EDGEWOOD AVE.	
City-St-Zip:	CLEARWATER, FL 33755	
Title:	MGRM	( ) Delete
Name:	MINKOFF, URI	
Address:	403 EDGEWOOD AVE.	
City-St-Zip:	CLEARWATER, FL 33755	
Title:	MGRM	( ) Delete
Name:	YEHUDA LP,	
Address:	403 EDGEWOOD AVE.	
City-St-Zip:	CLEARWATER, FL 33755	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: URI MINKOFF MM 04/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date