2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# L05000098759

Entity Name: NO PANTALONES W DIVISION, LLC

Current Principal Place of Business:

8951 RIVER PALM COURT
FORT MYERS, FL 33919

New Principal Place of Business:

12800 UNIVERSITY DR
SUITE 500
FORT MYERS, FL 33907

Current Mailing Address:

8951 RIVER PALM COURT
FORT MYERS, FL 33919

New Mailing Address:

12800 UNIVERSITY DR
SUITE 500
FORT MYERS, FL 33907

FEI Number: 20-3598610 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CABRERA, SAMIR
8951 RIVER PALM COURT
FORT MYERS, FL 33919 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: MGR ( ) Delete
Name: CABRERA, SAMIR
Address: 8951 RIVER PALM COURT
City-St-Zip: FORT MYERS, FL 33919

Title: MGR ( ) Delete
Name: LAFFERTY, MICHAEL J
Address: 2048 NORTH 44TH STREET
City-St-Zip: PHOENIX, AZ 85008

ADDITIONS/CHANGES:

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: SAMIR CABRERA MGR 05/01/2006

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