10/08/2007 MON 15:16 [TX/RX NO 9374] 002

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07 OCT 17 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

7/11/2007-90012-038-$150.00-$150.00

DOCUMENT # L06000032659

1. Entity Name

PARK PROMENADE, LLC

Principal Place of Business	Mailing Address
4615 DUNDAS DRIVE GREENSBORO NC 27407-1613	~~FINCHY FINE JEWELRY C/O JOHN ORR~~ ~~620 FIFTH AVENUE~~ ~~NEW YORK NY 10017~~ P.O. Box 21768 Greensboro NC 27420
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

/s/ MOORE CR2E080 (10/06)

4. FEI Number: 20-5805897 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~CORPORATION SERVICE COMPANY~~
~~1201 HAYS STREET~~
~~TALLAHASSEE FL 32301-2525~~

7. Name and Address of New Registered Agent

Name: Tom Harris

Street Address (P.O. Box Number is Not Acceptable): Park Promenade Jewelers, 152 Park Avenue South

City: Winter Park FL Zip Code: 32789

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: Thomas Harris

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CARLYLE & CO. JEWELERS 4615 DUNDAS DRIVE GREENSBORO NC 27407-1613	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

REINSTATEMENT

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] Carlyle 7-3-07 336-288-7221

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE / Date / Daytime Phone #

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