

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90193 027 ****50.00

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| DOCUMENT # L06000117887 1. Entity Name THE BATH COLLECTION LLC |  |
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| Principal Place of Business 934 11TH PLACE VERO BEACH FL 32960 | Mailing Address 934 11TH PLACE VERO BEACH FL 32960 |
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| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country | 3. Mailing Address 1020 1st Place Suite, Apt. #, etc. Suite 5 City & State Vero Beach, FL Zip 32962 Country USA |
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1st MOORE CR2E083 (10/06)

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| 4. FEI Number 20-8017557 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
| 6. Name and Address of Current Registered Agent HAMILTON, WILLIAM C 934 11TH PLACE VERO BEACH FL 32960 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |

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 *William C Hamilton* (NOTE: Registered Agent signature required when reinstating) DATE _____

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 <input type="checkbox"/> Delete HAMILTON, WILLIAM C 934 11TH PLACE VERO BEACH FL 32960 | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *William C Hamilton* Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE