

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000001840

FILED
May 15, 2009
Secretary of State

Entity Name: THE HIGH FASHION COLLECTION, L.L.C.

Current Principal Place of Business:

6800 SW 40 ST 219
MIAMI, FL 33155

New Principal Place of Business:

6800 SW 40TH STREET, # 219
MIAMI, FL 33155

Current Mailing Address:

6800 SW 40 ST 219
MIAMI, FL 33155

New Mailing Address:

FEI Number: 26-1696597 **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:

LOVEN, MARC
6295 SW 49 STREET
MIAMI, FL 331556240 US

Name and Address of New Registered Agent:

LOVEN, MARC
6295 SW 49 STREET
MIAMI, FL 33155 US

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: MARC LOVEN

05/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LOVEN, MARC
Address: 6295 SW 49 STREET
City-St-Zip: MIAMI, FL 33155

Title: MGRM () Delete
Name: CHAPUIS, HENRI
Address: 398 ISLA DORADA BLVD.
City-St-Zip: CORAL GABLES, FL 33143

Title: MGRM (X) Delete
Name: CORMORECHE, DIDIER
Address: 462 ROUTE DE BLOUX
City-St-Zip: 74520 VALLEIRY FRANCE, OF

Title: MGRM (X) Delete
Name: MARIN-CHAPUIS, JACQUELINE
Address: 398 ISLA DORADA BLVD.
City-St-Zip: CORAL GABLES, FL 33143

Title: MGRM (X) Delete
Name: LEVY, HENRI
Address: 433 S. SPRING ST 8TH FL
City-St-Zip: LOS ANGELES, CA 90013

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: LEVY, HENRI
Address: 433 S. SPRING ST 8TH FLOOR
City-St-Zip: LOS ANGELES, CA 90013

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 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: MARC LOVEN

MGRM

05/15/2009

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