

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 13, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000003272

1. Entity Name

CROSCILL ST. AUGUSTINE LLC



Principal Place of Business

500 BELZ OUTLET BLVD.
#030
ST. AUGUSTINE, FL 32095

Mailing Address

500 BELZ OUTLET BLVD.
#030
ST. AUGUSTINE, FL 32095

DO NOT WRITE IN THIS SPACE

08052004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
13-4068332

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD, SUITE 508
MIAMI, FL 33156

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE _____

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

000000170093
08/13/04-00004-008 50.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
CROSCILL RETAIL HOLDING CORP.
261 FIFTH AVENUE
NEW YORK, NY 10016

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8/6/04

Date

212-951-7457

Daytime Phone #