2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L99000003272

#030

CITY-\$1-ZIP

Principal Place of Business

500 BELZ OUTLET BLVD.

ST. AUGUSTINE, FL 32095

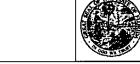
CROSCILL ST. AUGUSTINE LLC



Mailing Address 500 BELZ OUTLET BLVD.

#030

ST. AUGUSTINE, FL 32095



30000446

FILED Feb 10, 2006 8:00 am

Secretary of State

02-10-2006 90203 001 ***100.00



DO NOT WRITE IN THIS SPACE

01112006 No Chg-LLC CR2E083 (11/05)

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			
Filing Fee is \$50.00 Due by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS		
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			
NAME STREET ADDRESS CITY-ST-ZIP		- DO NOT WR	ITE -
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPA	CE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME			

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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