2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000003272

1. Entity Name

#030

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

CITY-ST-ZIP

TIFLE
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NAME
STREET ADDRESS
CITY-ST-ZIP

CROSCILL ST. AUGUSTINE LLC

FILED Mar 18, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

500 BELZ OUTLET BLVD.

ST. AUGUSTINE, FL 32095

500 BELZ OUTLET BLVD. #030

ST. AUGUSTINE, FL 32095



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03072008 No Chg-LLC

CR2E083 (12/07)

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

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	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office	e or registered agent, or bot	h, in the State of Ftorida. I am familiar wi	th, and accep
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent si	gnature required when reinstating)	DATE	
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		,		U00000862534 04/03/08-80055-001	138.75
9.	MANAGING MEMBERS/MANAGERS				
TITLE	MGRM	' I			
NAME	CROSCILL RETAIL HOLDING CORP.				
STREET ADDRESS	261 FIFTH AVENUE				
CITY-ST-ZIP	NEW YORK, NY 10016				
TITLE					

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11. I hereby certify that the information supplied with this filing 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Ruhard Wold

3/7/08

212-951-7551

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

Date

Daytime Phone #