

2001 UNIFORM BUSINESS REPORT (UBR)

0001335 AF

DOCUMENT # M00000002072

1. Entity Name

TOMMY BAHAMA WEST PALM, LLC

FILED

01 AUG -6 AM 8:47

Principal Place of Business

1071 AVENUE OF THE AMERICAS
NEW YORK NY 10018

Mailing Address

1071 AVENUE OF THE AMERICAS
NEW YORK NY 10018

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

101 N. CLEMATIS ST.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

Zip Country

33401

4. FEI Number

13-4081754

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE PRESIDENT.
NAME ANTHONY MARGOLIS.
STREET ADDRESS 4 AIKEN RD.
CITY-ST-ZIP GREENWICH, CT 06831
MGR

TITLE CFO
NAME BEN KONG
STREET ADDRESS 4857 208TH ST.
CITY-ST-ZIP BAYSIDE, NY 11364
MGR.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE CSC
NAME
STREET ADDRESS 1013 CENTRE RD.
CITY-ST-ZIP WILMINGTON, DE 19805-1297
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
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Change Addition

TITLE
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CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/23/01

(202) 391-8688

CR2E083 (11/00)