## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M0000002072

## 9/23/2002-90194-004-\$50.00-\$50.00 \* 5/22/2002-90267-019-\$50.00-\$50.00

FILED

DM 12: 10

TOMMY	BAHAMA WEST PALM, LLC				/			1 LU17. 1		
Principal Plac 101 N. CLEMAT WEST PALM BR	* -	Mailing Address 1071 AVENUE OF THE AMERICAS NEW YORK NY 10018  3. Mailing Address				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal F	Pace of Business									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	ө	City & State				4. FEI Number	13-4081754		Applied For	
Zip	Country	Zip	Coun	try		5. Certificate of	Status Desired	\$5.00	Not Applicable  Additional  Aired	
	6. Name and Address of Current	Registered Agent		<u> </u>		7. Name and A	ddress of New Re-			
-			, interest and int			7. Name and Address of New Registered Agent Name				
1201	PORATION SERVICE COMPANY " HAYS STREET			Street A	Address (P	O. Box Number i	s Not Acceptable)	<u>-                                      </u>		
TALL	AHASSEE FL 32301-2525						· · ·			
			·	City			<del></del>	FL Zip C	ode	
SIGNATURE .	Signature, typed or printed name of registered agent	FILE NO	OW!!! i	FEE IS S	50.00 ment of	then reinstalling) State		DATE		
9.	MANAGING MEMBE	RS/MANAGERS	10.				ADDITIONS/C	HANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MARGOLIS, ANTHONY 4 AIKEN ROAD GREENWICH CT 06831	☐ Delete	TITLE NAME STREE		1071 F	GING MEMINY MIREGOLI WE ST THE WORK, MY	BER S. AMBRICAS, /I	Change	e	
TITLE NAME	CFO KONG, KEN	☐ Delete	TITLE		MANA	GING MEA	18ER	Change	Addition	
STREET ADDRESS CITY-ST-ZIP	4857 208TH ST. BAYSIDE NY_11364;		STREE	: Et adoress st-zip==-=:	1071 1			11th FLOOR		
TITLE	BATOIDE ITTE 1304 SEE	□ Delete	TITLE		MANA	WORKE. A	SMBER.	<b>C</b> Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	المراجع والمحارب والمحارب والمحارب		NAME		PRAO	GOLDSTEL	N	, IDTH FLOWA	_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREE			,		☐ Change	Addition	
TITLE		☐ Delete	TITLE				_	☐ 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 present or trustery improvered to execute this report as required by Chapter 608, Florida Statutes.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

NAME,

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

INANUA MANAGING MEMMER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

Daytime Phone &

☐ Change

☐ Addition

CR2E083 (4/02)