

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 14, 2004 8:00 am
Secretary of State

09-14-2004 90067 028 ****50.00

DOCUMENT # M01000002327					
1. Entity Name TOMMY BAHAMA BOCA RATON, LLC					
Principal Place of Business 418 PLAZA REAL BOCA RATON, FL 33432			Mailing Address ACCOUNTS PAYABLE 1809 SEVENTH AVENUE, SUITE 806 SEATTLE, WA 98101		
2. Principal Place of Business		3. Mailing Address Tax Dept. Suite, Apt. #, etc. 222 Piedmont Ave., NE			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 222 Piedmont Ave., NE			
City & State		City & State Atlanta, GA		4. FEI Number 31-1783156	
Zip		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
City & State		City & State Atlanta, GA		Applied For Not Applicable	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME TOMMY BAHAMA R&R HOLDINGS, INC. STREET ADDRESS 1071 AVENUE OF THE AMERICAS CITY-ST-ZIP NEW YORK, NY 10018	<input type="checkbox"/> Delete		TITLE MGRM NAME Tommy Bahama R&R Holdings, Inc. STREET ADDRESS 222 Piedmont Ave., NE CITY-ST-ZIP Atlanta, GA 30308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE President NAME Lanier, J. Hicks STREET ADDRESS 222 Piedmont Ave., NE CITY-ST-ZIP Atlanta, GA 30308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE VP & Treasurer NAME Lanier, Jr., J. Reese STREET ADDRESS 222 Piedmont Ave., NE CITY-ST-ZIP Atlanta, GA 30308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE VP NAME Chubb III, Thomas C. STREET ADDRESS 222 Piedmont Ave., NE CITY-ST-ZIP Atlanta, GA 30308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE VP & Secretary NAME Mazzone, Dominic C STREET ADDRESS 222 Piedmont Ave., NE CITY-ST-ZIP Atlanta, GA 30308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:			Dominic Mazzone VPE Sec. 9/17/04 404-659-2244		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		