


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M02000001556 1. Entity Name TOMMY HILFIGER RETAIL, LLC	
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Principal Place of Business 200 LIBERTY WAY CRANBURY, NJ 08512	Mailing Address 200 LIBERTY WAY CRANBURY, NJ 08512
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DO NOT WRITE IN THIS SPACE



03262008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1165913	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NRAI SERVICES INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331


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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TOMMY HILFIGER U.S.A., INC. 601 WEST 26TH STREET NEW YORK, NY 10001
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<p>U00000905578 05/01/08-80058-006 138.75</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	3/31/08 <small>Date</small>	6098198759 <small>Daytime Phone #</small>
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