


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

09-14-2004 90067 024 ****50.00

| | |
|---|---|
| DOCUMENT # M02000001855 |  |
| 1. Entity Name TOMMY BAHAMA CORAL GABLES, LLC | |

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|--|---|
| Principal Place of Business C/O VIEWPOINT INTERNATIONAL, INC. 1071 AVE. OF THE AMERICAS NEW YORK, NY 10018 | Mailing Address ACCOUNTS PAYABLE 1809 SEVENTH AVENUE, SUITE 806 SEATTLE, WA 98101 |
|--|---|

24085222



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|---|--|
| 2. Principal Place of Business 4225 Ponce de Leon Blvd. | 3. Mailing Address Tax Dept. Oxford Industries, Inc. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. 222 Piedmont Ave., NE |

08302004 Chg-LLC CR2E083 (10/03)

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|--|------------------------------------|
| City & State Coral Gables FL | City & State Atlanta, GA |
| Zip 33146 | Zip 30308 |
| Country USA | Country USA |

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|------------------------------------|--|
| 4. FEI Number 02-0606242 | Applied For <input type="checkbox"/> 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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | Zip Code |
| FL | |

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 |
|-----------|--|------|

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| Filing Fee is \$50.00 Due by September 8, 2004 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | |
|--|---------------------------------|
| TITLE MGRM | <input type="checkbox"/> Delete |
| NAME TOMMY BAHAMA R & R HOLDINGS, INC. | |
| STREET ADDRESS 1071 AVE. OF THE AMERICAS | |
| CITY-ST-ZIP NEW YORK, NY 10018 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 10. ADDITIONS/CHANGES | |
|--|--|
| TITLE MGRM | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME Tommy Bahama R&R Holdings, Inc. | |
| STREET ADDRESS 222 Piedmont Ave., NE | |
| CITY-ST-ZIP Atlanta, GA 30308 | |
| TITLE President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME Lanier, J. J. Reese | |
| STREET ADDRESS 222 Piedmont Ave., NE | |
| CITY-ST-ZIP Atlanta, GA 30308 | |
| TITLE VPE Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME Lanier, Jr. J. Reese | |
| STREET ADDRESS 222 Piedmont Ave., NE | |
| CITY-ST-ZIP Atlanta, GA 30308 | |
| TITLE VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME Chubb III, Thomas C. | |
| STREET ADDRESS 222 Piedmont Ave., NE | |
| CITY-ST-ZIP Atlanta, GA 30308 | |
| TITLE VPE Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME Mazzone, Dominic C. | |
| STREET ADDRESS 222 Piedmont Ave., NE | |
| CITY-ST-ZIP Atlanta, GA 30308 | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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.

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|---|---------------------------------|----------------|---------------------|
| SIGNATURE:  | Dominic Mazzone VPE Sec. | 9/14/04 | 404-659-2424 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date | Daytime Phone # |