

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

09-14-2004 90067 026 \*\*\*\*50.00

<b>DOCUMENT # M02000001856</b>					
<b>1. Entity Name</b> TOMMY BAHAMA ORLANDO, LLC					
<b>Principal Place of Business</b> C/O VIEWPOINT INTERNATIONAL, INC. 1071 AVENUE OF THE AMERICAS NEW YORK, NY 10018			<b>Mailing Address</b> ACCOUNTS PAYABLE 1809 SEVENTH AVENUE, SUITE 806 SEATTLE, WA 98101		
<b>2. Principal Place of Business</b> The Mall at Millenia Suite, Apt. #, etc. 4200 Conroy Rd., Ste A-138 City & State Orlando, FL		<b>3. Mailing Address</b> Tax Dept. Oxford Industries, Inc. Suite, Apt. #, etc. 222 Piedmont Ave., NE City & State Atlanta, GA			
Zip 32839		Country USA		Zip 30308	
Country USA		<b>4. FEI Number</b> 03-0383359			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by September 8, 2004</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOMMY BAHAMA R&R HOLDINGS, INC 1071 AVE OF THE AMERICAS NEW YORK, NY 10018		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Tommy Bahama R&R Holdings, Inc. 222 Piedmont Ave., NE Atlanta, GA 30308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Lanier, J. Hicks 222 Piedmont Ave., NE Atlanta, GA 30308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	VP & Treasurer Lanier, J. Reese, Jr. 222 Piedmont Ave., NE Atlanta, GA 30308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	VP & Secretary Mazzone, Dominic C. 222 Piedmont Ave., NE Atlanta, GA 30308	
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	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Dominic Mazzone VP &amp; Sec.</u> <u>9/17/04</u> <u>404-659-2424</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					