


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # M04000004410 1. Entity Name CASUAL MALE RBT, LLC	
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Principal Place of Business 555 TURNPIKE STREET CANTON, MA 02021	Mailing Address 555 TURNPIKE STREET CANTON, MA 02021
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DO NOT WRITE IN THIS SPACE



01032007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1653061	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LEVIN, DAVID A 555 TURNPIKE STREET CANTON, MA 02021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HERNREICH, DENNIS R 555 TURNPIKE STREET CANTON, MA 02021
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01/26/07-00033-011 50.00

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IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE
DENNIS R. HERNREICH, MANAGER

1-3-07 781-828-9300
Date Daytime Phone #