

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M05000005280

FILED
Aug 28, 2007
Secretary of State

Entity Name: THEORY SAWGRASS MILLS LLC

Current Principal Place of Business:

1114 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

New Principal Place of Business:

THEORY - THE COLONADE OUTLETS AT SAWGRASS
12801 W SUNRISE BLVD SPACE 2620
SUNRISE, FL 33323

Current Mailing Address:

1114 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

New Mailing Address:

THEORY
165 POLITO AVENUE
LYNDHURST, NJ 07071

FEI Number: 30-0334038 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: DAVID EMMEL

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THEORY RETAIL HOLDIN, GS LLC
Address: 1114 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: THEORY RETAIL HOLDIN, GS LLC
Address: 38 GANSEVOORT
City-St-Zip: NEW YORK, NY 10003

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID EMMEL

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08/28/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date