2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 09, 2008
Secretary of State

DOCUMENT# M07000000703

Entity Name: TORY BURCH LLC

Current Principal Place of Business:

99 MADISON AVENUE 12TH FLOOR
NEW YORK, NY 10016

New Principal Place of Business:

11 WEST 19TH STREET 7TH FLOOR
NEW YORK, NY 10011

Current Mailing Address:

99 MADISON AVENUE 12TH FLOOR
NEW YORK, NY 10016

New Mailing Address:

11 WEST 19TH STREET 7TH FLOOR
NEW YORK, NY 10011

FEI Number: 56-2384277 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KLEINE, BRIGITTE
Address: 99 MADISON AVENUE 12TH FLOOR
City-St-Zip: NEW YORK, NY 10016

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T ( ) Change (X) Addition
Name: MAHON, MAUREEN
Address: 11 WEST 19TH STREET 7TH FLOOR
City-St-Zip: NEW YORK, NY 10011

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: MAUREEN MAHON MBR 07/09/2008

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