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File on or before May 1, 1999 or Limited Liability Company will be

subject	t to a \$ 400.00 CATE FE	E			_				
LIMITED LIABILITY COMPANY ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY O DIVISION OF CORE		OF STATI RPORATI	PE STATE RPORATIONS	
	FEE Annual Report \$100.0	99 APR 26 AN 10: 21							
\$ 188					ļ				
	ited Liability Company	OMENI	# м 960000	00494					
TOMMY BAHAMA SARASOTA, LLC					1a. Principal Place of Business Address				
	300 JOHN RINGLING SARASOTA FL 34236	300 JOHN RINGLING BLVD. SARASOTA FL 34236							
2 Princip	2 Principal Place of Business 2a. Mailin			ng Address		Date Organized or Qualified		3a. State of Formation	
			AVE OF THE AMERICAS,		12/11/1996		DE		
Suite, Apt. #, etc. Suite, Apt.					4. FEI Number Applied For			Applied For	
City & State City & Sta					13-3916632		ł	=	
SAKAS	KASOTA FL NIW		YORK , NY		5. Date of Last Report		S Contitue	Not Applicable ate of Status Desired	
Zip	Country	Zip	Cour		}			ional Fee Required	
2,41	7. Name and Address of Curre	The state of the s		4.5.A.	03/16/19 Name and Address of				
CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc City Lip Code					
its register	ant to the provisions of Sections 608.4 red office or registered agent, or both, in tred agent, and accept the obligations.								
SIGNATU	IRE(Registered Agent Accept	ng Appointment) (N	DIL Bogstere I Agents grat	and the ground when the real their	ĐΑ	11 ,			
10. Title	Managing Members/Mana	<u> </u>	ess Street Address		City, State and Zip Code				
MGRM MGRM	VIEWPOINT INTERN	•	NEW YO						
•					1.00	-04/30	/930	281 · · · 4 1076 · · 003 ****188.79	

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attachment with an address.

SIGNATURE:

ANATURE AND TYPED DICEBUATED NAME OF SIGNRES MARAY IREA MEMBERS OF MALAZIOS

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual 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 Justee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

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