File on or before May 1, 1999 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 29 PM 5:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILING FEE	**Annual Report $100.00 + $88.75 Corporation Supplemental Fee**
$ 188.75	**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #** M97000000325

GAP STORES (FLORIDA) LLC
900 CHERRY AVENUE
SAN BRUNO CA 94066

1a. Principal Place of Business Address

900 CHERRY AVENUE
SAN BRUNO CA 94066

2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified	3a. State of Formation
05/20/1997	CA
4. FEI Number: 94-3268462	☐ Applied For ☐ Not Applicable
5. Date of Last Report: 04/16/1998	6. Certificate of Status Desired: $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

CORPORATION SERVICE , COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

500002868555--5
-05/07/99--01135--013
****188.75 ****188.75

Suite, Apt. #, etc.

City: **FL** Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	THE GAP, INC.	ONE HARRISON STREET	SAN FRANCISCO CA

11. I do 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 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Barbara Johnson **BARBARA JOHNSON** VP OF TAX THE GAP, INC. MGRM 4/20/99 (650)952-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

INHSE10 R (12-98)