APPROVED 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # M97000000325 1. Entity Name 00 MAY, -3 PM 12: 53 GAP STORES (FLORIDA) LLC SECRETARY OF STATE Principal Place of Business Mailing Address 900 CHERRY AVENUE 900 CHERRY AVENUE MIC: 1TX5 MIC: 1TX5 SAN BRUNO, CA 94066 SAN BRUNO, CA 94066 2. Principal Place of Business 3. Mailing Address _Suite, Apt. #, etc. __ -_-DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. ----City & State City & State 4. FEI Number Applied For 94-3268462 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE. 32301 City Zip Code 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MANAGER TITLE Change Addition TITLE Delete THE GAP, INC. NAME ONE HARRISON STREET STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP SAN FRANCISCO, CA 94105 TITLE Addition TITLE Delete Change NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Charge * TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIF TITLE " TITLE Delete Change *Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Delete TITLE Addition TIFLE Chance NME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP 11. I 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 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 on the received or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 04/18/00 TOM HARRIS, VP OF TAX (650) 952-4400 SIGNATURE: MR. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

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