

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

1

DOCUMENT # M98000000084

1. Entry Name

OLD NAVY (FLORIDA) LLC

01 MAY 18 PM 3:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
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2. Principal Place of Business 900 Cherry Ave. Suite, Apt. #, etc.	3. Mailing Address 900 Cherry Ave. Suite, Apt. #, etc. MIC: 1TX5
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DO NOT WRITE IN THIS SPACE

City & State San Bruno, CA	City & State San Bruno, CA
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4. FEI Number 943289421	Applied For <input type="checkbox"/> Not Applicable
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Zip 94066	Country USA	Zip 94066	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301  
United States

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEES \$50.00**  
Make Check Payable to Department of State

800004423308--0  
-06/18/01--01002--008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	(SEE ATTCHED SCHEDULE)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  Tom Harris Date: 4/24/2001 Telephone: (650) 952-4400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (1/1/00)

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**Old Navy (Florida), LLC**  
**900 Cherry Avenue**  
**San Bruno, CA 94066**  
**(650) 952-4400**

**Federal ID#: 94-3289421**

List of Members

Old Navy (Holdings), Inc.

Member

FEIN #: 94-3289410

900 Cherry Avenue, MIC:1TX1

San Bruno, CA 94066

Old Navy Inc.

Managing Member

FEIN #: 94-3288283

900 Cherry Avenue, MIC:1TX1

San Bruno, CA 94066