

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 07, 2006 08:00 AM
Secretary of State

DOCUMENT # M98000000603

1. Entity Name

GORDON BROTHERS RETAIL PARTNERS, LLC



Principal Place of Business

**40 BROAD STREET, 11TH FLOOR
BOSTON, MA 02109**

Mailing Address

**C/O HINCKLEY, ALLEN & SNYDER LLP
ATTN: JONAS D.L. MCCRAY, 28 ST. STREET
BOSTON, MA 02109**



01132008No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3400985

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FRIEZE, MICHAEL G
40 BROAD STREET
BOSTON, MA 02109**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SAGER, ROBERT C
40 BROAD STREET
BOSTON, MA 02109**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GOLDSTEIN, ALAN R
40 BROAD STREET
BOSTON, MA 02109**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SCHWARTZ, MARK J
40 BROAD STREET
BOSTON, MA 02109**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000424785
02/18/06-80065-006 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

SIGNATURE: _____

Alan R. Goldstein, Manager 1/ /06 (617) 426-3233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #