

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90034 033 ****50.00

DOCUMENT # M98000000603

1. Entity Name
GORDON BROTHERS RETAIL PARTNERS, LLC



20003268

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**

2. Principal Place of Business - No P.O. Box #
Gordon Brothers Group, LLC

3. Mailing Address
**ATTN: D. Braham
Hinckley Allen & Snyder, LLP**

Suite, Apt. #, etc.
101 Huntington Ave. 10th Fl.

Suite, Apt. #, etc.
28 State Street

City & State
Boston, MA

City & State
Boston, MA

Zip
02199

Country
USA

Zip
02109

Country
USA

01092007 Chg-LLC CR2E083 (12/06)

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**

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. 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 resigning) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR	☐ Delete	TITLE	Manager	☒ Change ☐ Addition
NAME	FRIEZE, MICHAEL G		NAME	Frieze, Michael G.	
STREET ADDRESS	40 BROAD STREET		STREET ADDRESS	As New Address Above	
CITY - ST - ZIP	BOSTON, MA 02109		CITY - ST - ZIP		
TITLE	MGR	☐ Delete	TITLE	Manager	☒ Change ☐ Addition
NAME	SAGER, ROBERT C		NAME	Sager, Robert C.	
STREET ADDRESS	40 BROAD STREET		STREET ADDRESS	As New Address Above	
CITY - ST - ZIP	BOSTON, MA 02109		CITY - ST - ZIP		
TITLE	MGR	☐ Delete	TITLE	Manager	☒ Change ☐ Addition
NAME	GOLDSTEIN, ALAN R		NAME	Goldstein, Alan R.	
STREET ADDRESS	40 BROAD STREET		STREET ADDRESS	As New Address Above	
CITY - ST - ZIP	BOSTON, MA 02109		CITY - ST - ZIP		
TITLE	MGR	☐ Delete	TITLE	Manager	☒ Change ☐ Addition
NAME	SCHWARTZ, MARK J		NAME	Schwartz, Mark J.	
STREET ADDRESS	40 BROAD STREET		STREET ADDRESS	As New Address Above	
CITY - ST - ZIP	BOSTON, MA 02109		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			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		

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. 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 609, Florida Statutes.

SIGNATURE:

Alan R. Goldstein

01/22/2007

(888) 424-1903

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

Date Date Prepared

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BOSTON, MA 02109

ATTACHMENT

2000368



C/O 2. Principal Place of Business - No P.O. Box # 3. Mailing Address **Attn: D. Braham**
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(NOTE: Registered Agent signature required when resigning)

DATE

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Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRIEZE, MICHAEL G 40 BROAD STREET BOSTON, MA 02109	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAGER, ROBERT C 40 BROAD STREET BOSTON, MA 02109	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLDSTEIN, ALAN R 40 BROAD STREET BOSTON, MA 02109	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHWARTZ, MARK J 40 BROAD STREET BOSTON, MA 02109	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Frieze, Michael G. As New Address Above	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Sager, Robert C. As New Address Above	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Goldstein, Alan R. As New Address Above	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Schwartz, Mark J. As New Address Above	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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. 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:

Alan R. Goldstein

01/22/2007

(888) 424-1903

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

Date

Signature Required