

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 14, 2004 8:00 am**  
**Secretary of State**

09-14-2004 90067 027 \*\*\*\*50.00

<b>DOCUMENT # M98000001389</b>	
1. Entity Name <b>TOMMY BAHAMA LAS OLAS LLC</b>	

Principal Place of Business <b>1002 LAS OLAS BLVD. FORT LAUDERDALE, FL 33301</b>	Mailing Address <b>ACCOUNTS PAYABLE 1809 SEVENTH AVENUE, SUITE 806 SEATTLE, WA 98101</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>Tax Dept. Oxford Industries Inc. Suite, Apt. #, etc. 222 Piedmont Ave., NE</b>
City & State	City & State <b>Atlanta, GA</b>
Zip	Zip <b>30308</b>
Country	Country <b>USA</b>



08232004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 8, 2004**

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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOMMY BAHAMA R&R HOLDINGS, INC 1071 AVE OF THE AMERICAS NEW YORK, NY 10018	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Tommy Bahama R&R Holdings, Inc. 222 Piedmont Ave., NE Atlanta, GA 30308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Lanier, J. Hicks 222 Piedmont Ave., NE Atlanta, GA 30308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPE Treasurer Lanier, Jr. J. Reese 222 Piedmont Ave., NE Atlanta, GA 30308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Chubb III, Thomas C. 222 Piedmont Ave., NE Atlanta, GA 30308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPE Secretary Mazzone, Dominic C. 222 Piedmont Ave., NE Atlanta, GA 30308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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:**

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

*DMC*

**Dominic Mazzone VPE Sec.**

Date

**9/14/04**

Daytime Phone #

**404-654-2424**