

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Aug 02, 2004  
Secretary of State**

DOCUMENT# L03000005842

Entity Name: SENSUAL CARE, LLC

**Current Principal Place of Business:**

444 BRICKELL AVENUE, STE. 51-506  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

444 BRICKELL AVENUE, STE. 51-506  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GREENBERG, DAVID  
444 BRICKELL AVENUE, STE. 51-506  
MIAMI, FL 33131

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title:                                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MGR                      ( ) Change (X) Addition  
Name:                      GREENBERG, DAVID F PRES  
Address:                      444 BRICKELL AVENUE, STE. 51-506  
City-St-Zip:                      MIAMI, FL 33131 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAVID F. GREENBERG                                      PRES                                      08/02/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date