2006 LIMITED PARTNERSHIP ANNUAL REPORT

ans 08:00 AM

| | Due By May 1, 2006 | | | Carreta - Carta | |
|--|--|--|----------------------------|--|--|
| 1. Entity Nam | MENT #B97000003 Ö salon associates, L.P. | \ | | Secretary of State | |
| Principal Plac | e of Business | Mailing Address | | | |
| 3239 EAST C ORLANDO, FI | COLONIAL DRIVE, SPACE E-1 L 32803 | 2311 MIDWAY ROAD CARROLLTON, TX 75006- | 2504 | 3.7007797.7079.70791 10097.90111.20111.20111.20111.20111.20111.20111.20111.20111.20111.20111.20111.20111.2011 | |
| | i r | - | | | |
| D | O NOT WRITE | IN THIS SP | ACE | 92012005 No Chg-LP | |
| <u> </u> | ; | | | 75-2721020 Not Applicable | |
| | . : | - | | 5. Certificate of Status Desired | |
| | 6. Name and Address of Current Re | gistered Agent | | t and the second | |
| 1200 SOU | ORATION SYSTEM TH PINE ISLAND ROAD ION, FL 33324 | - | | DO NOT WRITE IN THIS SPACE | |
| 8. The above the obligat | named entity submits this statement for th tions of registered agent. | e purpose of changing its reg | istered office or register | red agent, or both, in the State of Florida. I am familiar with, and accept | |
| - JOHN TOTIC | Signature, typed or printed name of registered agent and | the if applicable. | | DATE | |
| į | FILE NOW!! After May 1, 200 | ! FEE IS \$500.00 16, Fee will be \$900.0 | 0 | | |
| | | | | TERED AND ACTIVE WITH THIS OFFICE. It must be filed to change a general partner. | |
| 12. | GENERAL PARTNER IN | | ond, an amendmer | it thust be nied to change a general partner. | |
| DOCUMENT # NAME STREET ADDRESS GITY-ST-ZIP | F00000000953 TONI & GUY SALON ASSOCIATES 2311 MIDWAY ROAD CARROLLTON, TX, 75006 | i, INC. | | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | CANALITION, 1X 75000 | | | U00000433201 02/24/06-80008-003 500.00 | |
| DOCUMENT # NAME STREET ABORESS CITY-ST-ZIP | | | | DO NOT WRITE | |
| DOCUMENT # NAME SIREE! ADDRESS CITY - SI - ZIP | | | | IN THIS SPACE | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | A A A CONTRACT | , | | |
| DOCUMENT # | Fig. 1 | | · · | , | |

14. I hereby certify that the information supplied with this filing boes 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 path; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report is required by Chapter 620, Florida Statutes

SIGNATURE:

NAME STREET ADDRESS CITY -ST -ZIP

JOHATORE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2.1.2006

972.981.1567

Dayana Phone f