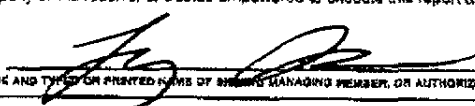


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000003202		
1. Entity Name THE PARTHENON SALON STUDIOS, L.C.		
Principal Place of Business 3010 MILITARY TRAIL, #200 BOCA RATON, FL 33431		Mailing Address 3010 MILITARY TRAIL, #200 BOCA RATON, FL 33431
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ALLISON, DONALD M ESQUIRE GILLESPIE & ALLISON, P.A. 1515 SOUTH FEDERAL HIGHWAY, SUITE 300 BOCA RATON, FL 33432		DO NOT WRITE IN THIS SPACE
9. 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, used to certify name of registered agent and this is applicable. (NOTE: Registered Agent signature required when filing.)		
Filing Fee is \$50.00 Due by May 1, 2004		
8. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDSTEIN, LARRY 5970 SW 18TH STREET, E-1 PMB 250 BOCA RATON, FL 33433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 605, Florida Statutes.		
SIGNATURE:  SIGNATURE AND TYPE OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		4/28/04 561 306 5690 Date Daytime Phone



D4272004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0984639	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

U000000144749
04/30/04-80143-009 50.00

**DO NOT WRITE
IN THIS SPACE**