

**2004 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

02-06-2004 90164 004 \*\*\*\*\*50:00  
L01000018884

**FILED**

04 FEB 12 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJM**

<b>DOCUMENT #</b> L010000018884
<b>1. Entity Name</b> EURO SPA SALON & TANNING, LLC

<b>DO NOT WRITE IN THIS SPACE</b>
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<b>2. Principal Place of Business</b> 8 DEL PRADO BLVD. Suite, Apt. #, etc. SUITE B City & State CAPE CORAL, FL	<b>3. Mailing Address</b> <i>same</i> Suite, Apt. #, etc. City & State
Zip 33990	Country USA

<b>4. FEI Number</b> 65-1156597	<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>DO NOT WRITE IN THIS SPACE</b>
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<b>7. Name and Address of Current Registered Agent</b>	
Name Linda Masie	
Street Address (P.O. Box Number is Not Acceptable) Same as above	
City FL	Zip Code

<b>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.</b>
SIGNATURE <i>Linda Masie</i> DATE <i>1/30/04</i>

<b>FEE IS \$50.00</b> Make Check Payable to Florida Department of State DUE BY MAY 1
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<b>9. MANAGING MEMBERS/MANAGERS</b>			
<b>TITLE</b> MEMBER/MJM	<b>NAME</b> Linda Masie	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 2833 Surfside Blvd	<b>STREET ADDRESS</b> Cape Coral Florida 33914	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>
<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>
<b>TITLE</b> MEMBER/MJM	<b>NAME</b> Gary Danner	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 2833 Surfside Blvd	<b>STREET ADDRESS</b> Cape Coral, Florida 33914	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>
<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
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<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
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<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>
<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>

**REINSTATEMENT 2003-2004**  
w/o penalty fees

<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 606, Florida Statutes.</b>
SIGNATURE: <i>Linda Masie</i> DATE <i>1/30/04</i>
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</b>