
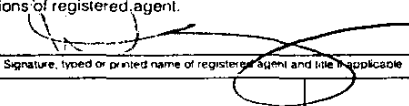
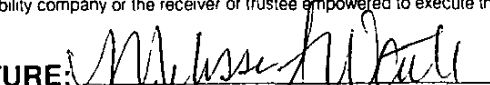


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90375 016 ****50.00

DOCUMENT # L01000022049 1. Entity Name NAPLES SKIN CARE, LLC																													
Principal Place of Business 300 5TH AVE. SOUTH #101-336 NAPLES, FL 34102			Mailing Address 300 5TH AVENUE SOUTH F101-336 NAPLES, FL 34102																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 300 5th Avenue South Suite, Apt. #, etc. # 101-336																											
City & State Zip		City & State Naples, FL Zip 34102		4. FEI Number 65-1159983																									
Country 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable																											
Country U.S.A.		03282007 Chg-LLC CR2E083 (12/06)																											
6. Name and Address of Current Registered Agent VAN SCHAARDENBURG, DEBRA J 535 PARK STREET NAPLES, FL 34102			7. Name and Address of New Registered Agent Name Van Schaardenburg, Debra J. Street Address (P.O. Box Number is Not Acceptable) 300 5th Avenue South #101-336 City Naples FL Zip Code 34102																										
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  DATE 4-29-07 <small>Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																													
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">MGR</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WAITE, MELISSA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1259 8TH AVE. N.</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>NAPLES, FL 34102</td> <td></td> </tr> </table>			TITLE	MGR	<input checked="" type="checkbox"/> Delete	NAME	WAITE, MELISSA		STREET ADDRESS	1259 8TH AVE. N.		CITY- ST- ZIP	NAPLES, FL 34102		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">MGR</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Van Schaardenburg, Debra J.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>300 5th Avenue South #101-336</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>Naples, FL 34102</td> <td></td> </tr> </table>			TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Van Schaardenburg, Debra J.		STREET ADDRESS	300 5th Avenue South #101-336		CITY- ST- ZIP	Naples, FL 34102	
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11. I hereby certify that the information supplied with this filing does 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 4-29-07 Daytime Phone # 239-434-2661																										