2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# L02000006567

Entity Name: SKIN CARE CONCEPTS, LLC

Current Principal Place of Business:

951 BROKEN SOUND PARKWAY
SUITE 160
BOCA RATON, FL 33487

New Principal Place of Business:

2385 EXECUTIVE CENTER DR
SUITE 100
BOCA RATON, FL 33431

Current Mailing Address:

951 BROKEN SOUND PARKWAY
SUITE 160
BOCA RATON, FL 33487

New Mailing Address:

7336 WOODMONT CT
BOCA RATON, FL 33434

FEI Number: 03-0412118 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIFFITHS, STACEY L ESQ
951 BROKEN SOUND PKWY., STE. 195
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

MOORE, GAIL
7336 WOODMONT CT
BOCA RATON, FL 33434 US

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: GAIL MOORE 04/29/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	GRILLO, VICTOR N SR	
Address:	1017 GRAND COURT	
City-St-Zip:	HIGHLAND BEACH, FL 33487	
Title:	MGRM	( ) Delete
Name:	WYSOCKI, RAYMOND J	
Address:	45 SEAPUIT ROAD	
City-St-Zip:	OSTERVILLE, MA 02655	
Title:	MGR	( ) Delete
Name:	TRANSACTIONAL MARKET, ING PARTNERS, I NC	
Address:	3340 OCEAN PARK BLVD, STE 3050	
City-St-Zip:	SANTA MONICA, CA 90405	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: VICTOR N. GRILLO MGRM 04/29/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date