2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003
Secretary of State

DOCUMENT# L02000006567

Entity Name: SKIN CARE CONCEPTS, LLC

Current Principal Place of Business:

951 BROKEN SOUND PKWY., STE. 195
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

951 BROKEN SOUND PKWY., STE. 195
BOCA RATON, FL 33487

New Mailing Address:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: GRILLO, VICTOR N SR
Address: 1017 GRAND COURT
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: MGRM ( ) Change (X) Addition
Name: WYSOCKI, RAYMOND J
Address: 45 SEAPUIT ROAD
City-St-Zip: OSTERVILLE, MA 02655

Title: MGR ( ) Change (X) Addition
Name: TRANSACTIONAL MARKET, ING PARTNERS, I NC
Address: 3340 OCEAN PARK BLVD, STE 3050
City-St-Zip: SANTA MONICA, CA 90405

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 GRILLO MGRM 04/30/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date