


FILED
Feb 25, 2004 8:00 am
Secretary of State

01-20-2004 90203 032 ****50.00

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L0300000575			
1. Entity Name CATHY'S BOULEVARD SALON, LLC			
Principal Place of Business 2102 SOUTH RIDGEWOOD AVENUE, UNIT 18 EDGEWATER, FL 32141		Mailing Address 2102 SOUTH RIDGEWOOD AVENUE, UNIT 18 EDGEWATER, FL 32141	
2. Principal Place of Business		3. Mailing Address	
Situs, Apt. #, etc.		Situs, Apt. #, etc.	
City & State		City & State	
Zip	County	Zip	County
4. FEI Number 05-0545528		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KASPER, CATHERINE 2102 SOUTH RIDGEWOOD AVENUE, UNIT 18 EDGEWATER, FL 32141		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Applicable)		Street Address (P.O. Box Number is Not Applicable)	
City		City	
FL		Zip Code	
8. The filer certifies that this statement is 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 responsibility of, this registered report.			
SIGNATURE <i>Catherine Kasper</i>		DATE <i>1/14/04</i>	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
001 NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> Delete	001 NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> Delete	001 NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Managing Member Manager Catherine J. Kasper 3556 Omni Circle Edgewater, FL 32141 <input type="checkbox"/> Change <input type="checkbox"/> Addition
002 NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> Delete	002 NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> Delete	002 NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
003 NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> Delete	003 NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> Delete	003 NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
004 NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> Delete	004 NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> Delete	004 NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
005 NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> Delete	005 NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> Delete	005 NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information included 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 190, Florida Statutes.			
SIGNATURE: <i>Catherine Kasper</i>		DATE: <i>1/14/04 (386)423-7754</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE		DATE	