


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000000575 1. Entity Name CATHY'S BOULEVARD SALON, LLC	
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Principal Place of Business 2102 SOUTH RIDGEWOOD AVENUE, UNIT 18 EDGEWATER, FL 32141	Mailing Address 2102 SOUTH RIDGEWOOD AVENUE, UNIT 18 EDGEWATER, FL 32141
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07082006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0545528	Applied For 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

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$50.00 Due by September 6, 2006

U000000569689
 07/12/06-80008-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KASPER, CATHERINE J 3556 OMNI CIR EDGEWATER, FL 32141
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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: *Catherine J. Kasper* 7-8-06 *M/M/V* (386) 423-7754

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #