2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008957

Entity Name: ADVANCED FACIAL & ACNE CARE, L.L.C.

FILED Jul 07, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2682 CHAPMAN DRIVE 2101 NORTHSIDE DRIVE PANAMA CITY, FL 32405

#403

PANAMA CITY, FL 32405

Current Mailing Address: New Mailing Address:

2682 CHAPMAN DRIVE 702 LYNDELL PLACE

PANAMA CITY BEACH, FL 32407 PANAMA CITY, FL 32405

FEI Number: 11-3679922 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SAMMONS, LORI SAMMONS, LORI 2682 CHAPMAN DRIVE 702 LYNDELL PLACE

PANAMA CITY, FL 32405 US PANAMA CITY BEACH, FL 32407 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: 07/07/2005

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM () Delete Title: MGRM (X) Change () Addition

SAMMONS, LORI SAMMONS, LORI Name: Name: Address: 2682 CHAPMAN DRIVE Address: 702 LYNDELL PLACE

City-St-Zip: PANAMA CITY, FL 32405 City-St-Zip: PANAMA CITY BEACH, FL 32407

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 Statutés. 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: LORI SAMMONS **MGRM** 07/07/2005