2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

rabett

SIGNATURE

Feb 23, 2006 08:00 AM Secretary of State DOCUMENT # L03000029683 1. Entity Name ESTHETICS BY ELIZABETH LLC Principal Place of Business Mailing Address 2102 SOUTH DALE MABRY 2102 SOUTH DALE MABRY **TAMPA FL 33629** TAMPA FL 33629 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 56-2403923 Not Applicab Zìo Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RYAN, ELIZABETH F Street Address (P.O. Box Number is Not Acceptable) 2102 SOUTH DALE MABRY TAMPA FL 33629 City Zio Code 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. Lam familiar with, and agent the obligations of registered agent. SIGNATURE Signature, typest or printed name of registered agent and this if applicable (NOTE fleg-siered Agent signature required when remalating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES Tm e □ At or MGRM Delete TITLE Change NAME RYAN, ELIZABETH NAME STREET ADDRESS STREET ADDRESS 03/07/06-80031-012-50.00 2102 SOUTH DALE MABRY CITY-ST-ZIP TAMPA FL 33629 City-ST-ZIP ☐ Delete TITLE Change □ Add NAME NAME STREE I ADURESS STREET ADDRESS CSTY-ST-7VP CITY-ST-ZIP TITLE Oelete HHE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P TITLE ☐ Delete TITE F ☐ Change □ Ak NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Delete SJIII ☐ Change ☐ Asi NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Oclete me ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

2/19/06

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