


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90031 006 ****50.00

DOCUMENT # L04000019912	
1. Entity Name ALLURE MEDICAL & BEAUTY SPA, LLC	

Principal Place of Business 1516 SOUTH ALAFAYA TRAIL SUITE 400 ORLANDO, FL 32828 US	Mailing Address 1516 SOUTH ALAFAYA TRAIL SUITE 400 ORLANDO, FL 32828 US
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2. Principal Place of Business 1561 South Alafaya Trail	3. Mailing Address 1561 S. Alafaya Trail
Suite, Apt. #, etc. Suite 400	Suite, Apt. #, etc. Suite 400

City & State Orlando, FL	City & State Orlando, FL
Zip 32828	Zip 32828
Country US	Country US



04072006 Chg-LLC CR2E083 (11/05)

4. FEI Number 85-3146567 75-3146567	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DUNCAN, AMY B 266 ISLE OF SKY CIRCLE ORLANDO, FL 32828	
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7. Name and Address of New Registered Agent Name Duncan, Amy B. Street Address (P.O. Box Number is Not Acceptable) 2524 Rose Spring Drive City Orlando FL Zip Code 32825	
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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 Amy B. Duncan Signature, typed or printed name of registered agent and title if applicable.	DATE 4/10/06 (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUNCAN, AMY B 266 ISLE OF SKY CIRCLE ORLANDO, FL 32828 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUNCAN, DALTON M 266 ISLE OF SKY CIRCLE ORLANDO, FL 32828 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRASER, JILLIAN 530 FITZWILLIAM WAY ORLANDO, FL 32828 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HANRAHAN, AMY L 3612 DARBY COURT ORLANDO, FL 32828 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Duncan, Amy B. 2524 Rose Spring Drive Orlando, FL 32825 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Duncan, Dalton M 2524 Rose Spring Drive Orlando, FL 32825 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Hanrahan, Amy L. 4003 SW 104th ST Ocala, FL 34476 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 606, Florida Statutes.	
SIGNATURE Amy B. Duncan SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 4/10/06 DAYTIME PHONE # 407-382-2225