2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000021801

Address:

City-St-Zip:

Entity Name: INAARA MEDSPA OF ORLANDO LLC

FILED Mar 31, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 806 LAKE JACKSON CIRCLE 4104 MILLENIA BLVD APOPKA, FL 32703 SUITE 100 ORLANDO, FL 32839 US **Current Mailing Address: New Mailing Address:** 806 LAKE JACKSON CIRCLE 806 LAKE JACKSON CIRCLE APOPKA, FL 32703 APOPKA, FL 32703 FEI Number: 84-1641075 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AGENTS AND CORPORATIONS, INC. STE. E 773 4TH AVENUE NORTH NAPLES, FL 34102 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: () Delete Title: () Change (X) Addition LEE, MARY B MS. Name: Name: Address: Address: 806 LAKE JACKSON CIRCLE City-St-Zip: City-St-Zip: APOPKA, FL 32703 US Title: Title: MGRM () Change (X) Addition () Delete Name: Name: SHUFFLER, R. E DR. Address: Address: 444 UNION GROVE ROAD City-St-Zip: City-St-Zip: UNION GROVE, NC 28689 US Title: () Delete Title: MGRM () Change (X) Addition SHUFFLER, CAROL B Name: Name:

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 Statutes. 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.

Address:

City-St-Zip:

444 UNION GROVE ROAD

UNION GROVE, NC 28689 US

SIGNATURE: MARY B. LEE MGRM 03/31/2005