

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026068

Entity Name: LISCIOSPA, L.L.C.

FILED
Apr 13, 2006
Secretary of State

Current Principal Place of Business:

333 SUNSET DR.
#908
FORT LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

1057 15TH ST
#24
MIAMI BEACH, FL 33139 US

New Mailing Address:

333 SUNSET DR
#908
FORT LAUDERDALE, FL 33301 US

FEI Number: 20-1062127 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MALKEVICH, DAVID A MD
333 SUNSET DR
#908
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

MALKEVICH, DAVID A MD
333 SUNSET DR
#908
FORT LAUDERDALE, FL 33301 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: DAVID A MALKEVICH, MD

04/13/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MALKEVICH, DAVID MD
Address: 333 SUNSET DR. #908
City-St-Zip: FORT LAUDERDALE, FL 33301 US

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: MALKEVICH, DAVID MD
Address: 333 SUNSET DR. #908
City-St-Zip: FORT LAUDERDALE, FL 33301 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

SIGNATURE: DAVID MALKEVICH, MD

CEO

04/13/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date