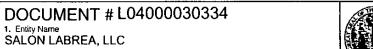
2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT





FILED May 09, 2005 8:00 am Secretary of State 05-09-2005 90050 041 ****50.00

1. Entity Name SALON LABREA, LLC										
Principal Place	of Business	Mailing Address			20058160					
3518 COMMUNITY DRIVE JUPITER, FL 33458 US		3518 COMMUNITY DRIVE JUPITER, FL 33458 US				·		18 11192 11111 819'		
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03072005	Chg-LLC	CR2E08	33 (10/03)		
City & State		City & State			4. FEI Numbe	244,66	1		plied For t Applicable	
Zip	Country Zip Cour		Count	try	5. Certificate of Status Desired S5.00 Additional Fee Required					
	6. Name and Address of Current F				7. Name and Address of New Registered Agent					
DELISI, MA	ARTIN V		Name							
4361 NOR	THLAKE BLVD ACH GARDENS, FL 33416		Ştreet Address (F	ss (P.O. Box Number is Not Acceptable)						
		· 		City			FL	Zíp Code	•	
	named entity submits this statement for ions of registered agent.	agent, or both,	i n the State of Flo		miliar with, a	ind accept				
SIGNATURE										
Filing Fee is \$50.00 Due by May 1, 2005			-			Make check payable to Florida Department of State				
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS	CHANGES			
TITLE NAME STREET ADDRESS City-St-Zip	MGR REINEK, LINDA 3518 COMMUNITY DRIVE JUPITER, FL 33458	☐ Delete						☐ Change	☐ Addition	
TITLE NAME	MGR TRANCHINA, VERONICA J	☐ Delete	TITLE					Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST - ZIP						
NAME STREET ADDRESS CITY-ST-ZIP	MGR WOODSIDE, KATHY LYNN 205 MOLDOFF ROAD GLASSBORO, NJ 08028	☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADORESS CIFY-ST-ZIP		☐ Delete						☐ Change	Addition	
11. I hereby certify that the information supplied with this filling does not qualify 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 signature shall have the same legal effect as if made under oath; that limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, 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 608, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the exemption stated in Section 119.07(3)(ii), 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										

Daytime Phone #