


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90153 007 ****50.00

DOCUMENT # L04000030334 1. Entity Name SALON LABREA, LLC			
Principal Place of Business 3518 COMMUNITY DRIVE JUPITER, FL 33458 US		Mailing Address 3518 COMMUNITY DRIVE JUPITER, FL 33458 US	
2. Principal Place of Business 1479 Cadeo Bay AVE Suite, Apt. #, etc.		3. Mailing Address 1479 Cadeo Bay AVE Suite, Apt. #, etc.	
City & State Jupiter FL		City & State Jupiter FL	
Zip 33458		Zip 33458	
Country Palm Beach		Country Palm Beach	
6. Name and Address of Current Registered Agent DELISI, MARTIN V 4361 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7000 PEA BEACH Suite 3006 Palm Beach Gardens FL	
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.		4. FEI Number 52-2441861	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REINEK, LINDA 3518 COMMUNITY DRIVE JUPITER, FL 33458	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRANCHINA, VERONICA J 519 N. BROADWAY PITMAN, NJ 08071	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3518 Community Drive Jupiter Florida 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOODSIDE, KATHY LYNN 205 MOLDOFF ROAD GLASSBORO, NJ 08028	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"/> Delete	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"/> Delete	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"/> Delete	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 608, Florida Statutes.			
SIGNATURE: <i>Kathy L Woodside</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		1/24/06 Date	
856-881-7459 Daytime Phone #			