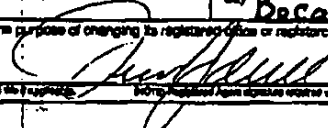
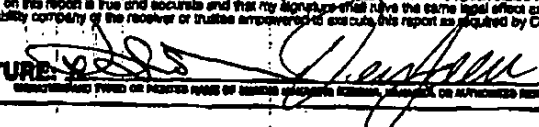


FILED
Jul 12, 2005 8:00 am
Secretary of State

04-29-2005 90041 033 ****50.00

Apr. 26. 2005 12:10PM

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000034270																																																			
1. Entity Name COSMETIC SURGERY CONNECTION, LLC																																																			
Principal Place of Business 1387 SW 18TH STREET BOCA RATON, FL 33488		Mailing Address 1387 SW 18TH STREET BOCA RATON, FL 33488																																																	
Principal Place of Business 415 Middle River Drive St. 213 Ft. Lauderdale, FL 33304		Mailing Address 415 Middle River Drive St. 213 Ft. Lauderdale, FL 33304																																																	
City & State 33304 Broward		City & State 33304 Broward																																																	
4. FEI Number 14-1913973		Applied For ☐ Not Applicable																																																	
5. Certificate of Status Desired ☐ Additional Not Required																																																			
6. Name and Address of Current Registered Agent LEGAL INFORMATION SERVICES, INC. 2800 WESTON ROAD, SUITE 404 WESTON, FL 33331		7. Name and Address of New Registered Agent John Nord Teresa Jahnke 1387 SW 18th Street Boca Raton FL 33386																																																	
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  DATE																																																			
Filing Fee is \$50.00 Due by May 1, 2005																																																			
9. MANAGING MEMBERS/MANAGERS																																																			
10. ADDITIONS/CHANGES																																																			
<table border="1"><thead><tr><th>TITLE</th><th>NAME</th><th>STREET ADDRESS</th><th>CITY-ST-ZIP</th><th>DATE</th><th>Change</th><th>Addition</th></tr></thead><tbody><tr><td></td><td>John Nord - (CFO)</td><td>410 Gulf Ocean Drive Apt 107-8</td><td>Ft. Lauderdale, FL 33308</td><td></td><td>☐</td><td>☐</td></tr><tr><td></td><td>Teresa Jahnke - (President)</td><td>1387 SW 18th Street</td><td>Boca Raton FL 33486</td><td></td><td>☐</td><td>☐</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>☐</td><td>☐</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>☐</td><td>☐</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>☐</td><td>☐</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>☐</td><td>☐</td></tr></tbody></table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DATE	Change	Addition		John Nord - (CFO)	410 Gulf Ocean Drive Apt 107-8	Ft. Lauderdale, FL 33308		☐	☐		Teresa Jahnke - (President)	1387 SW 18th Street	Boca Raton FL 33486		☐	☐						☐	☐						☐	☐						☐	☐						☐	☐
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 808, Florida Statutes.																																																			
SIGNATURE  DATE																																																			