

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90389 001 ***100.00

30006337



DOCUMENT # L04000041399 1. Entity Name HGX SALONS OF TAMPA BAY, L.L.C.					
Principal Place of Business 18305 WEYBURN AVENUE TAMPA, FL 33647			Mailing Address 19046 BRUCE B DOWNS BLVD SUITE 301 TAMPA, FL 33647		
2. Principal Place of Business - No P.O. Box # 19046 BRUCE B DOWNS BLVD		3. Mailing Address Suite, Apt. #, etc. SUITE 301			
City & State TAMPA, FL		City & State TAMPA, FL			
Zip 33647		Country USA		4. FEI Number 20-1188905	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PATEL, NILESH M 115 SOUTH WILLOW AVENUE TAMPA, FL 33606			7. Name and Address of New Registered Agent Name NILESH M. PATEL Street Address (P.O. Box Number is Not Acceptable) 117 So. Willow Ave, Suite 200 City TAMPA FL Zip Code 33606		
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 <u><i>[Signature]</i></u> (NOTE: Registered Agent signature required when reinstating) DATE 4/29/07					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRESSIN, SCOTT 8626 GREY OAKS AVENUE SARASOTA, FL 34238 <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	MGRM IMPACT HGX OF TAMPA BAY, LLC 3001 N ROCKY POINT DR., #300 TAMPA, FL 33607 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	19046 BRUCE B. DOWNS BLVD, SUITE 301 TAMPA, FL 33647 <input checked="" 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	
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: <u><i>[Signature]</i></u> -SARUN R. PATEL			Date 04/28/07 Daytime Phone # 813-240-2135		