2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2005
Secretary of State

DOCUMENT# L04000082811

Entity Name: PALM BEACH LASER HAIR REMOVAL, LLC.

Current Principal Place of Business:

190 CONGRESS PARK DRIVE
SUITE 160
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

190 CONGRESS PARK DRIVE
SUITE 160
DELRAY BEACH, FL 33445

New Mailing Address:

7810 HOFFY CIRCLE
LAKE WORTH, FL 33467

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WESTMAN, ELAINE LE
190 CONGRESS PARK DRIVE
SUITE 160
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

WESTMAN, ELAINE LE
7810 HOFFY CIRCLE
LAKE WORTH, FL 33467 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: ELAINE WESTMAN 05/04/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	TZIKAS, THOMAS L MD	
Address:	190 CONGRESS PARK DRIVE, SUITE 160	
City-St-Zip:	DELRAY BEACH, FL 33445	
Title:	MGRM	(X) Delete
Name:	WESTMAN, ELAINE LE	
Address:	190 CONGRESS PARK DRIVE, SUITE 160	
City-St-Zip:	DELRAY BEACH, FL 33445	
Title:	MGRM	(X) Delete
Name:	ZIVICK, SANDRA	
Address:	190 CONGRESS PARK DRIVE, SUITE 160	
City-St-Zip:	DELRAY BEACH, FL 33445	

ADDITIONS/CHANGES:

Title:	MGRM	(X) Change ( ) Addition
Name:	WESTMAN, ELAINE LE	
Address:	7810 HOFFY CIRCLE	
City-St-Zip:	LAKE WORTH, FL 33467	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ELAINE WESTMAN MGRM 05/04/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date