


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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| DOCUMENT # L05000014987 | |  |
| 1. Entity Name FLORIDA AESTHETIC PROPERTY SERVICES, LLC | | |

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| Principal Place of Business 5883 SW 21 STREET WEST PARK, FL 33023 US | Mailing Address 5883 SW 21 STREET WEST PARK, FL 33023 |
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| 2. Principal Place of Business - No P.O. Box # 2137 NW 22 Street Suite, Apt. #, etc. | 3. Mailing Address 2137 NW 22 Street Suite, Apt. #, etc. |
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|----------------------------------|----------------------------------|
| City & State Pompano Beach FL | City & State Pompano Beach FL |
| Zip 33069 | Zip 33069 |
| Country USA | Country USA |

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| 6. Name and Address of Current Registered Agent WARREN, MICHAEL J 5883 SW 21 STREET WEST PARK, FL 33023 | | 7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 2137 NW 22 Street City Pompano Beach FL Zip Code 33069 | |
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| 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 |

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| Filing Fee is \$50.00 Due by May 1, 2007 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WARREN, MICHAEL J 5883 SW 21 STREET WEST PARK, FL 33023 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2137 NW 22 Street Pompano Beach, FL 33069 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BEHARRY, VICTOR 5883 SW 21 STREET WEST PARK, FL 33023 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 800086453788 01/29/07--01007--024 **200.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CHAMPION, ABEL 5883 SW 21 STREET WEST PARK, FL 33023 <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 |

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| 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:  | DATE Daytime Phone # |

FILED
07 JAN 24 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01172007 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number APPLIED FOR | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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