


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 09, 2007 8:00 am
Secretary of State

08-09-2007 90019 005 ****50.00

DOCUMENT # L05000032838	
1. Entity Name PARTHENON SALON STUDIOS AT AVENTURA, LLC	

Principal Place of Business 18851 NE 29TH AVENUE AVENTURA FL 33180	Mailing Address 18851 NE 29TH AVENUE AVENTURA FL 33180
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2. Principal Place of Business - No P.O. Box # SAME	3. Mailing Address 222 S. MILITARY TRAIL
Suite, Apt. #, etc.	Suite, Apt. #, etc.

2nd MOORE CR2E083 (4/07)

City & State DEERFIELD BEACH FL	City & State DEERFIELD BEACH FL
Zip 33442	Country

4. FEI Number 72-1597261	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent J & M ACCOUNTING & TAX SERVICE 2080 BOCA RATON BLVD 6 BOCA RATON FL 33431

7. Name and Address of New Registered Agent Name S. GORDON Street Address (P.O. Box Number is Not Acceptable) 222 S. MILITARY TRAIL City DEERFIELD BEACH FL Zip Code 33442
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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 Seymour Gordon DATE 8/3/07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLDSTEIN LARRY 18851 NE 29TH AVENUE AVENTURA FL 33180 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEYMOUR GORDON 222 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Seymour Gordon DATE 7/20/07 428-9552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE SEYMOUR GORDON