

**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 Mailing Address  
 18851 NE 29TH AVENUE  
 AVENTURA FL 33180



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.  
 SAMP

3. Mailing Address Suite, Apt. #, etc.  
 222 S. MILITARY TRAIL

2nd MOORE CR2E083 (4/07)

City & State City & State  
 DEERFIELD BEACH FL

4. FEI Number 72-1597261 Applied For Not Applicable

Zip Country Zip Country  
 33442

5. Certificate of Status Desired  \$5.00 Additional Fee Required

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  
 DEERFIELD BEACH FL Zip Code 33442

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 8/3/07  
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 7/20/07 428-9552  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #