

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**

**Feb 26, 2007 08:00 AM**  
**Secretary of State**

|                                              |                                                                                   |
|----------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L05000060464</b>               |  |
| 1. Entity Name<br><b>RUTH LANE HAIR, LLC</b> |                                                                                   |

|                                                                                           |                                                                               |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Principal Place of Business<br><b>4485 N.W. 18 TH TERRACE<br/>FT. LAUDERDALE FL 33309</b> | Mailing Address<br><b>4485 N.W. 18 TH TERRACE<br/>FT. LAUDERDALE FL 33309</b> |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|



|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip                                            | Country | Zip                 | Country |

1st MOORE CR2E083 (10/06)

|                                                           |  |                                                        |
|-----------------------------------------------------------|--|--------------------------------------------------------|
| 4. FEI Number<br><b>20-4411197</b>                        |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$5.00</b> Additional Fee Required                  |

|                                                                                                                                 |                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><b>INCORPORATE USA, INC.<br/>3150 SANDY RIDGE DR<br/>CLEARWATER FL 33761</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                                       | 10. ADDITIONS/CHANGES                          |                                                                                                                              |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>LANE, RUTH E<br>4485 NW 18 TH TERRACE<br>FT. LAUDERDALE FL 33309 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>U000000647597</b><br><b>03/06/07-80080-002 50.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>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 Section 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:** *Ruth E. Lane (Ruth Lane Hair LLC)* **2-20-07-493-8091**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone