
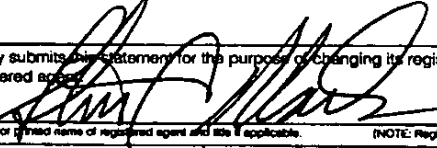


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 25, 2006 8:00 am
Secretary of State

03-06-2006 90204 011 ****55.00

30008992

DOCUMENT # L05000075332					
1. Entity Name THE GREEK FACES LLC					
Principal Place of Business 10745 LOCUST STREET PALMBEACH GARDENS, FL 33418 US			Mailing Address 10745 LOCUST STREET PALMBEACH GARDENS, FL 33418 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3322901	
5. Certificate of Status Desired				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MARKS, STEVEN C 1860 OLD OKEECHOBEE ROAD SUITE #201 WEST PALM BEACH, FL 33409				7. Name and Address of New Registered Agent Name: <u>Steven C. Marks</u> Street Address (P.O. Box Number is Not Acceptable): <u>10745 Locust Street</u> City: <u>Palm Beach Gardens</u> FL Zip Code: <u>33418</u>	
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: <u>2/21/06</u>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STEVEN, MARKS A 530 WEST COLLEGE AVENUE TALLAHASSEE, FL 32301	<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	MGRM BLAKE, IDLE 1008 COUNTRY CLUB DRIVE NORTH PALM BEACH, FL 33408	<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	<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"/> Delete	<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"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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.					

Member 4/15/06



ATTACHMENT

30008992

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 8, 2006

THE GREEK FACES LLC
10745 LOCUST STREET
PALM BEACH GARDENS, FL 33418 US

Subject: **THE GREEK FACES LLC**

Reference Number: **L05000075332**

*Have Sam
sign & return*

Please be advised, we have received your annual report/uniform-business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/ms
ANNUAL REPORTS SECTION

*Signed by
attaches*
(S)