


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90198 030 ****50.00

DOCUMENT # L05000079729		
1. Entity Name JUST HAIR LLC		

Principal Place of Business 903 SANDTREE DRIVE LAKE PARK, FL 33403 US	Mailing Address 903 SANDTREE DRIVE LAKE PARK, FL 33403 US
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60029421

2. Principal Place of Business - No P.O. Box # 4595 NORTHLAKE BLVD Suite, Apt. #, etc. #113	3. Mailing Address 4595 NORTHLAKE BLVD Suite, Apt. #, etc. #113
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City & State PALM BEACH GARDENS FL	City & State PALM BEACH GARDENS FL
Zip 33418	Country US



02122007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3288998	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MAGGIO, LINDA M 903 SANDTREE DRIVE LAKE PARK, FL 33403	7. Name and Address of New Registered Agent Name ROXANNE ALBERT Street Address (P.O. Box Number is Not Acceptable) 322 SANDTREE DRIVE City LAKE PARK FL Zip Code 33403
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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 Roxanne Albert DATE 2-22-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGR MAGGIO, LINDA M 903 SANDTREE DRIVE LAKE PARK, FL 33410 <input checked="" 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	MGR ALBERT, ROXANNE M 322 SANDTREE DRIVE LAKE PARK, FL 33403 <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
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

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: Roxanne Albert DATE 2-22-07 DAYTIME PHONE 561-626-5181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE