

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000119222

FILED  
Mar 30, 2006  
Secretary of State

Entity Name: RYAN-MOROZ HAIR DESIGNS, LLC

## Current Principal Place of Business:

5921 NE 18TH TERRACE  
FORT LAUDERDALE, LF 33308

## New Principal Place of Business:

2900 N. MILITARY TRAIL  
SUITE 100  
BOCA RATON, FL 33431

## Current Mailing Address:

5921 NE 18TH TERRACE  
FORT LAUDERDALE, LF 33308

## New Mailing Address:

5921 NE 18TH TERRACE  
FORT LAUDERDALE, FL 33308

FEI Number: 20-3987481

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SOLOMON, MARC I  
1160 S. ROGERS CIRCLE  
SUITE 2  
BOCA RATON, FL 33487 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MOROZ ENTERPRISES, I, NC.  
Address: 5921 NE 18TH TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGRM ( ) Delete  
Name: J.W. RYAN HAIR DESIG, NS, INC.  
Address: 5921 NE 18TH TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33308

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN W. RYAN

MGRM

03/30/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date