2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # M0100000542

BAI STORES, L.L.C.



FILED Jan 12, 2004 08:00 AN **Secretary of State**

Principal Place of Business

168 N. MERAMEC, STE. 400 SAINT LOUIS, MO 63105

Mailing Address

168 N. MERAMEC, STE. 400 SAINT LOUIS, MO 63105



01072004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 91-2062018

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CIT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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 The above named entity submits this statement for the purpose of channe obligations of registered agent. 	anging its registered affice or registered agent, or both, in t	he State of Florida. I am familiar with	i, and accept
SIGNATURE Signature, typed or printed name of registered agent and life if applicable	(NOTE Registered Agent signature required wher reinstating)	DATE	
Filing Fee is \$50.00		•	

Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CHY-ST-ZIP	MGRM BEAUTY ALLIANCE, INC. 1901 ULMERTON ROAD, SUITE 225 CLEARWATER, FL 33762
iste Name Street address City-St-Zip	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CXTY-ST-ZXP	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	
11. Thereby o	certify that the information supplied with this filling does not qualify for the exer

Un0000003003 01/13/04-80037-019 50.00

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I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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.

Beauty	Alliance,	Inc.,	Manager	By:	Philip G.	Kaplan	Assistant	Secretary
-	11111	~~~						y

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

January 7,

314-863-0800