

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90200 010 \*\*\*\*50.00

965491

DOCUMENT # L00000Q02664  
1. Entity Name  
INDIALANTIC BODY WORKS THERAPEUTIC MASSAGE, L.L.C.

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

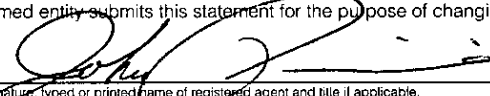
2. Principal Place of Business 878 N MILAMAR AVE Suite, Apt. #, etc.		3. Mailing Address SAME. Suite, Apt. #, etc.		4. FEI Number	Applied For
City & State INDIALANTIC FL		City & State			Not Applicable
Zip 32903	Country USA	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name John Paniccio  
Street Address (P.O. Box Number is Not Acceptable)  
~~1060 N RIVERSIDE DR~~  
Indialantic  
City FL Zip Code 32903

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.

SIGNATURE  JOHN PANICCIO 3/9/02  
Signature, typed or printed name of registered agent and title if applicable. DATE

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR/owner. JOHN PANICCIO 1060 N RIVERSIDE DR INDIALANTIC FL 32903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing 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.

SIGNATURE:  JOHN PANICCIO 3/9/02 321950987  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #