

**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**

2. Principal Place of Business  
878 N MILAMAR AVE  
Suite, Apt. #, etc.  
City & State  
INDIALANTIC FL  
Zip 32903 Country USA

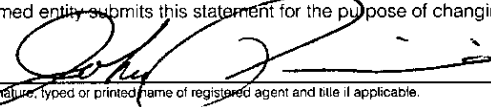
3. Mailing Address  
SAME.  
Suite, Apt. #, etc.  
City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For Not Applicable  
5. Certificate of Status Desired  \$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	MGR/owner.
NAME	JOHN PANICCIO
STREET ADDRESS	1060 N RIVERSIDE DR
CITY-ST-ZIP	INDIALANTIC FL 32903
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 #