


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L00000010671 1. Entity Name WELLNESS FOR FEET, LLC |  |
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02152004 No Chg-LLC CR2E083 (10/03)

| | |
|--|-------------------------------|
| 4. FEI Number 65-1035015 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JUMPINGJAXTAX.COM, INC.
1940 HARRISON STREET
SUITE 201 B
HOLLYWOOD, FL 33020-5072

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2004**

| B. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM FARMER, MARGARET 1500 UNIVERSITY DR., SUITE 245 CORAL SPRINGS, FL 33071 |
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U000000103961
04/05/04-80077-013 50.00

**DO NOT WRITE
IN THIS SPACE**

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: MARGARET PALMER 4/1/2004 954 755-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #