

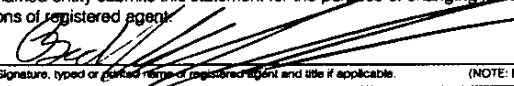
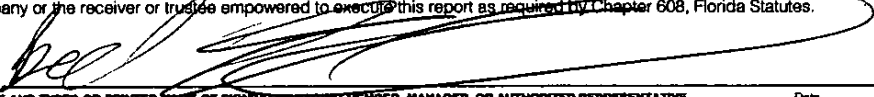


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90027 050 ****50.00

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|--|--|--|--|---|--|
| DOCUMENT # L01000015267 1. Entity Name BODY INDULGENCE, L.L.C. | | | |  | |
| Principal Place of Business 102 EAST GARDEN STREET SUITE C PENSACOLA, FL 32502 | | | Mailing Address 102 EAST GARDEN STREET SUITE C PENSACOLA, FL 32502 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State Zip Country | | City & State Zip Country | | 04022007 Chg-LLC CR2E083 (12/06) | |
| 4. FEI Number 59-3740084 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent SMITH, WALTER J 102 EAST GARDEN STREET SUITE C PENSACOLA, FL 32502 | |
| 7. Name and Address of New Registered Agent Name Becky H. Smith Street Address (P.O. Box Number is Not Acceptable) 102 E. Garden Street Suite C City Pensacola FL Zip Code 32502 | | | | 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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SMITH, WALTER J 102 EAST GARDEN STREET, SUITE C PENSACOLA, FL 32502 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SMITH, BECKY H 102 EAST GARDEN STREET, SUITE C PENSACOLA, FL 32502 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING WORKING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | |