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2003 APR 17 PM 1:44

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000010912

1. Entity Name
MOBILE MASSAGE THERAPY, L.L.C.

Principal Place of Business	Mailing Address
705 GITTINGS AVENUE BALTIMORE, MD 21212 US	705 GITTINGS AVENUE BALTIMORE, MD 21212 US

2. Principal Place of Business	3. Mailing Address
104 2nd Street	104 2nd Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Belleair Beach, FL	City & State: Belleair Beach, FL
Zip: 33786 Country: USA	Zip: 33786 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number N/A ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BLAND, MICHAEL J
63 PALMETTO DRIVE
KEY WEST, FL 33040

7. Name and Address of New Registered Agent

Name: Erin Foley

Street Address (P.O. Box Number Is Not Acceptable): 104 2nd Street

City: Belleair Beach FL Zip Code: 33786

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 [signature] Erin Foley 4/14/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOLEY, ERIN E 705 GITTINGS AVENUE BALTIMORE, MD 21212	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Erin Foley 104 2nd Street Belleair Beach, FL 33786	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400016228814 04/17/03--01094--020 **50.00	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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: [signature] Erin Foley 4/14/03 727-215-3289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #