


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000016761 1. Entity Name BEACH THERAPEUTIC MASSAGE, LLC		
Principal Place of Business 5924 THOMAS DRIVE PANAMA CITY BEACH, FL 32408	Mailing Address 5924 THOMAS DRIVE PANAMA CITY BEACH, FL 32408	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GINIGER, JILL 5924 THOMAS DRIVE PANAMA CITY BEACH, FL 32408		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GINIGER, JILL 110 PALM CROSSING BLVD. PANAMA CITY, FL 32408	DO NOT WRITE IN THIS SPACE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Jill Gringer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>4/12/05</u> <small>Date</small> Daytime Phone # _____ <small>Daytime Phone #</small>



04082005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 01-0736828	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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04/13/05-80083-009 50.00