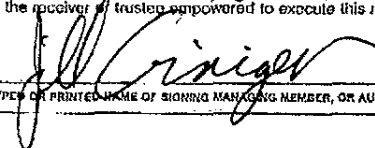


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT****FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------------------------------------|
| <b>DOCUMENT # L02000016761</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |              |
| 1. Entity Name<br><b>BEACH THERAPEUTIC MASSAGE, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                         |                                                                                               |
| Principal Place of Business<br><b>5924 THOMAS DRIVE<br/>PANAMA CITY BEACH, FL 32408</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |                         | Mailing Address<br><b>5924 THOMAS DRIVE<br/>PANAMA CITY BEACH, FL 32408</b>                   |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |                                                                                               |
| 6. Name and Address of Current Registered Agent<br><br><b>GINIGER, JILL<br/>5924 THOMAS DRIVE<br/>PANAMA CITY BEACH, FL 32408</b>                                                                                                                                                                                                                                                                                                                                                                        |                         | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                                         |
| 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: _____<br><small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                             |                         |                                                                                               |
| DATE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         |                                                                                               |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                         |                                                                                               |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         | <b>U00000519462<br/>05/02/06-80054-013 50.00</b><br><br><b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P                       |                                                                                               |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | GINIGER, JILL           |                                                                                               |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 110 PALM CROSSING BLVD. |                                                                                               |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PANAMA CITY, FL 32408   |                                                                                               |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         |                                                                                               |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                         |                                                                                               |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                                                                                               |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         |                                                                                               |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         |                                                                                               |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                         |                                                                                               |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                                                                                               |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         |                                                                                               |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         |                                                                                               |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                         |                                                                                               |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                                                                                               |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         |                                                                                               |
| 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:                                                                                                                                                                                                                                                                                                                                                                                                            |                         | <b>4/17/06</b>                                                                                |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                             |                         | DATE Daytime Phone #                                                                          |