**FILED**
**Apr 20, 2006 08:00 AM**
**Secretary of State**

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000016761

1. Entity Name
BEACH THERAPEUTIC MASSAGE, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 5924 THOMAS DRIVE<br>PANAMA CITY BEACH, FL 32408 | 5924 THOMAS DRIVE<br>PANAMA CITY BEACH, FL 32408 |

DO NOT WRITE IN THIS SPACE

04172006No Chg-LLC CR2E083 (11/05)

4. FEI Number
01-0736828
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GINIGER, JILL
5924 THOMAS DRIVE
PANAMA CITY BEACH, FL 32408

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

**Filing Fee is $50.00**
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | P |
| NAME | GINIGER, JILL |
| STREET ADDRESS | 110 PALM CROSSING BLVD. |
| CITY-ST-ZIP | PANAMA CITY, FL 32408 |
| TITLE | |
| NAME | |
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U00000519462
05/02/06-80054-013 50.00

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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: Jill Giniger 4/17/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #