2008 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Apr 17, 2008 08:00 Al Secretary of State **DOCUMENT # L02000016761** 1. Entity Name BEACH THERAPEUTIC MASSAGE, LLC Principal Place of Business Mailing Address **5924 THOMAS DRIVE 5924 THOMAS DRIVE** PANAMA CITY BEACH, FL. 32408 PANAMA CITY BEACH, FL 32408 04132008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 01-0736828 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GINIGER, JILL DO NOT WRITE **5924 THOMAS DRIVE** PANAMA CITY BEACH, FL. 32408 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOWII FEE IS \$138,75 After May 1, 2008 Fee will be \$538.75 - U00000504728 05/01/08-80024-013 138.7S MANAGING MEMBERS/MANAGERS TITLE NAME GINIGER, JILL 110 PALM CROSSING BLVD. STREET ADDRESS CITY-ST-7P PANAMA CITY, FL 32408 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

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 eath; 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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP