

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032201

FILED
Feb 14, 2006
Secretary of State

Entity Name: NAUTICAL EXPRESSIONS, L.L.C.

Current Principal Place of Business:

524 S. PINE STREET
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

524 S. PINE STREET
OCALA, FL 34474

New Mailing Address:

FEI Number: 25-1903341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GIBAS, DAVID J
524 S. PINE STREET
OCALA, FL 34474 US

Name and Address of New Registered Agent:

MCGEE, SHANNON T
524 S. PINE STREET
OCALA, FL 34474 US

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.

SIGNATURE: SHANNON T. MCGEE

02/14/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COMPASS HEALTH & FIT, NESS, INC.
Address: 524 S. PINE STREET
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: COMPASS HEALTH & FITNESS, INC.

MGMR

02/14/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date