2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000001439

1. Entity Name
HEALING PALMS MASSAGE THERAPY, LLC

Principal Place of Business	Mailing Address
318 JULIA STREET	PO BOX 297
KEY WEST, FL 33040	KEY WEST, FL 33041-0297

DO NOT WRITE IN THIS SPACE

01052005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
06-1670172		Not Applicable
5. Certificate of Status Desired	☐	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MCLAUGHLIN, JOSEPH M
318 JULIA STREET
KEY WEST, FL 33040

**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 _____

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, 2005**

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	MCLAUGHLIN, JOSEPH M	U00000244443
STREET ADDRESS	318 JULIA STREET	02/26/05-80021-014 50.00
CITY-ST-ZIP	KEY WEST, FL 33040	
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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)(i), 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: _____   2/24/05   305/942-9952

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #