

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000005099

FILED
Feb 07, 2007
Secretary of State

Entity Name: AVALON CENTER FOR THERAPEUTIC MASSAGE, LLC

Current Principal Place of Business:

1400 PARK AVENUE SOUTH
SANFORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

1400 PARK AVENUE SOUTH
SANFORD, FL 32771 US

New Mailing Address:

918 SO. MAGNOLIA AVE
SANFORD, FL 32771 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, LINDA E
1400 PARK AVENUE SOUTH
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

THOMAS, LINDA E
918 SO. MAGNOLIA AVE.
SANFORD, FL 32771 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: LINDA E. THOMAS

02/07/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THOMAS, LINDA E
Address: 1400 PARK AVENUE SOUTH
City-St-Zip: SANFORD, FL 32771 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: THOMAS, LINDA E
Address: 1400 PARK AVENUE SOUTH
City-St-Zip: SANFORD, FL 32771 US

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: LINDA E. THOMAS

MGR

02/07/2007

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