

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000012745

1. Entity Name
CONNECTIONS MASSAGE THERAPY, L.L.C.



Principal Place of Business
C/O 2907 INGERSOLL AVENUE
DES MOINES, IA 50312

Mailing Address
C/O 2907 INGERSOLL AVENUE
DES MOINES, IA 50312

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

BAXLEY, MILTON H II
C/O 1929 N.W. 12TH TERRACE
GAINESVILLE, FL 32609

01042005 Chg-LLC CR2E083 (10/03)

4. FEI Number 34-1977129	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE Managing Member MGR Delete
NAME Linda B. Glantz
STREET ADDRESS 402907 Ingersoll Ave
CITY-ST-ZIP Des Moines, Iowa (50312)

TITLE MGR Delete
NAME Gordon E. Gymer
STREET ADDRESS C/o 2907 Ingersoll Ave.
CITY-ST-ZIP Des Moines, Iowa (50312)

TITLE MGR Delete
NAME Lois Kelderman
STREET ADDRESS C/o 2907 Ingersoll Ave
CITY-ST-ZIP Des Moines, Iowa (50312)

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Linda B. Glantz, Managing Member 11/05 515-277-0734

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #