2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

4

FILED
May 03, 2007 8:00 am
Secretary of State
04-16-2007 90336 025 ****50.00

DOCUMENT # L04000012745

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

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

04132007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 34-1977129 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAXLEY, MILTON H II C/O 1929 N.W. 12TH TERRACE GAINESVILLE, FL 32609	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GLANTZ, LINDA C/O 2907 INGERSOLL AVE DES MOINES, IA 50312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GYMER, GORDON E C/O 2907 INGERSOLL AVE DES MOINES, IA 50312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KEIDERMAN, LOIS C/O 2907 INGERSOLL AVE DES MOINES, IA 50312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 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: Lois Keiderman 4.30.07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #