2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# L04000012745

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

Current Principal Place of Business:

C/O 2907 INGERSOLL AVENUE
DES MOINES, IA 50312

New Principal Place of Business:

Current Mailing Address:

C/O 2907 INGERSOLL AVENUE
DES MOINES, IA 50312

New Mailing Address:

FEI Number: 34-1977129 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GLANTZ, LINDA
Address: C/O 2907 INGERSOLL AVE
City-St-Zip: DES MOINES, IA 50312

Title: MGRM ( ) Delete
Name: GYMER, GORDON E
Address: C/O 2907 INGERSOLL AVE
City-St-Zip: DES MOINES, IA 50312

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: GORDON GYMER MR. 04/21/2009

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