

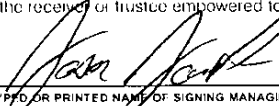


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90032 043 \*\*\*\*50.00

DOCUMENT # L04000035146																													
1. Entity Name <b>FLORIDA COAST BATH"LLC"</b>																													
Principal Place of Business 945 EASTHAM WAY UNIT H-204 NAPLES, FL 34104			Mailing Address 945 EASTHAM WAY UNIT H-204 NAPLES, FL 34104 US																										
2. Principal Place of Business - No P.O. Box # <b>9822 Country Oaks Dr.</b>		3. Mailing Address <b>9822 Country Oaks Dr.</b>																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03092007 Chg-LLC CR2E083 (12/06)																									
City & State <b>Ft. Myers, FL</b>		City & State <b>Ft. Myers FL</b>		4. FEI Number 27-0105920																									
Zip <b>33967-6202</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent  JANICKY, JASON C 945 EASTHAM WAY UNIT H-204 NAPLES, FL 34104		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>9822 Country Oaks Dr.</b> City <b>Ft. Myers</b> FL Zip Code <b>33967</b>																											
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>9. MANAGING MEMBERS/MANAGERS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JANICKY, JASON C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>945 EASTHAM WAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES, FL 34104</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>10. ADDITIONS/CHANGES</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">9822 Country Oaks Dr</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Ft. Myers, FL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>33967-6202</td> <td></td> </tr> </table> </div> </div>						TITLE	MGRM	<input type="checkbox"/> Delete	NAME	JANICKY, JASON C		STREET ADDRESS	945 EASTHAM WAY		CITY-ST-ZIP	NAPLES, FL 34104		TITLE	9822 Country Oaks Dr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Ft. Myers, FL		STREET ADDRESS			CITY-ST-ZIP	33967-6202	
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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: 				Date: <b>4/4/07</b>																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone: <b>239-332-2284</b>																									