

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044717

FILED
Jan 31, 2006
Secretary of State

Entity Name: ATLANTIS THERAPEUTIC MASSAGE, L.L.C.

Current Principal Place of Business:

3949 EVANS AVE
SUITE 108
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

PO BOX 61559
FT MYERS, FL 33906

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CASTILLO, SANDRA V
4219 7TH STREET WEST
LEHIGH ACRES, FL 33971 US

Name and Address of New Registered Agent:

CASTILLO, SANDRA V
1720 GREENWOOD AVE
LEHIGH ACRES, FL 33972 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: _____

01/31/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CASTILLO, SANDRA V
Address: 4219 7TH STREET WEST
City-St-Zip: LEHIGH ACRES, FL 33971

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CASTILLO, SANDRA V
Address: 1720 GREENWOOD AVE
City-St-Zip: LEHIGH ACRES, FL 33972

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: SANDRA CASTILLO

MGRM

01/31/2006

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