

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056468

FILED  
Apr 16, 2005  
Secretary of State

**Entity Name:** IT'S ALL ABOUT YOU MASSAGE THERAPY, LTD. CO.

**Current Principal Place of Business:**

1414 GAY ROAD  
SUITE 205  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

1414 GAY ROAD  
SUITE 205  
WINTER PARK, FL 32789 US

**New Mailing Address:**

**FEI Number:** 77-0642861

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STRICKLAND, JOHN R  
6022 MARLBERRY DRIVE  
ORLANDO, FL 32819 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: HAHN, JENNIFER L  
Address: 1414 GAY ROAD, SUITE 205  
City-St-Zip: WINTER PARK, FL 32789 US

Title: MGRM ( ) Delete  
Name: HAHN, GARY J  
Address: 1414 GAY ROAD  
City-St-Zip: WINTER PARK, FL 32789 US

**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 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 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: JENNIFER L. HAHN

MGRM

04/16/2005

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