

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061398

FILED
Jan 21, 2005
Secretary of State

Entity Name: ALACHUA MASSAGE CENTER LLC

Current Principal Place of Business:

14000 NW 154TH AVE
APT 35-A
ALACHUA, FL 32615

New Principal Place of Business:

13700 N. HWY 441
ALACHUA, FL 32615

Current Mailing Address:

7505 NW 142ND AVE
ALACHUA, FL 32615

New Mailing Address:

FEI Number: 03-0546313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICOLOFF, PETER
7505 NW 142ND AVE
ALACHUA, FL 32615 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: MGR () Delete
Name: NICOLOFF, PETER
Address: 7505 NW 142ND AVE
City-St-Zip: ALACHUA, FL 32615

Title: MGRM () Delete
Name: GARDNER, RAMACHANDRA
Address: 14000 NW 154TH AVE
City-St-Zip: ALACHUA, FL 32615

Title: MGRM () Delete
Name: NICOLOFF, VISUAMBAR
Address: 7505 NW 142ND AVE
City-St-Zip: ALACHUA, FL 32615

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: NICOLOFF, VISVAMBAR
Address: 7505 NW 142ND AVE
City-St-Zip: ALACHUA, FL 32615

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: PETER NICOLOFF

MGR

01/21/2005

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