2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061398

City-St-Zip:

ALACHUA, FL 32615

Entity Name: ALACHUA MASSAGE CENTER LLC

FILED Jan 11, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 13700 N. HWY 441 ALACHUA, FL 32615 **Current Mailing Address: New Mailing Address:** 7505 NW 142ND AVE ALACHUA, FL 32615 FEI Number: 03-0546313 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NICOLOFF, PETER 7505 NW 142ND AVE ALACHUA, FL 32615 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete NICOLOFF, PETER Name: Name: Address: 7505 NW 142ND AVE Address: City-St-Zip: ALACHUA, FL 32615 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: GARDNER, RAMACHANDRA Name: GARDNER, RAMACHANDRA Address: 14000 NW 154TH AVE Address: 14323 NW 145 AVE City-St-Zip: ALACHUA, FL 32615 City-St-Zip: ALACHUA, FL 32615 Title: MGRM () Delete Title: () Change () Addition NICOLOFF, VISVAMBAR Name: Name: Address: 7505 NW 142ND AVE Address:

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.

City-St-Zip:

SIGNATURE: PETER NICOLOFF MGR 01/11/2007