


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000035475</b> 1. Entity Name <b>SEVEN SPRINGS MEDI-SPA, LLC</b>	
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Principal Place of Business <b>1155 WOODLANDS BLVD OLDSMAR, FL 34677</b>	Mailing Address <b>1155 WOODLANDS BLVD OLDSMAR, FL 34677</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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03272007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>20-2656250</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>THERESA FRAZIER 1155 WOODLANDS BLVD OLDSMAR, FL 34677</b>
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<b>DO NOT WRITE IN THIS SPACE</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)</small>
DATE _____

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOSTER, STACEY 1155 WOODLANDS BLVD OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRAZIER, THERESA 1155 WOODLANDS BLVD OLDSMAR, FL 34677
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<p>U000000689932 04/11/07-80053-024 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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: <i>Theresa Frazier</i> Owner <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>
Date: <i>4-2-07</i> <small>Date</small>
Daytime Phone #: <i>727-215-6914</i> <small>Daytime Phone #</small>