

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000073359

FILED
May 01, 2006
Secretary of State

Entity Name: REGAL PALMS SPA & HEALTH CLUB, LLC

Current Principal Place of Business:

9230 W. U.S. HIGHWAY 192
CLERMONT, FL 34714

New Principal Place of Business:

2700 SAND MINE RD
DAVENPORT, FL 33897

Current Mailing Address:

9230 W. U.S. HIGHWAY 192
CLERMONT, FL 34714

New Mailing Address:

12120 INTERNATIONAL DR
5TH FLOOR
ORLANDO, FL 32821

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WILKES, RICHARD
9230 W. U.S. HIGHWAY 192
CLERMONT, FL 34714 US

Name and Address of New Registered Agent:

WILKES, RICHARD
12120 INTERNATIONAL DR
5TH FLOOR
ORLANDO, FL 32821 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: RICHARD WILKES

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THE SUPERIOR GROUP,, LLC
Address: 9230 W. U.S. HIGHWAY 192
City-St-Zip: CLERMONT, FL 34714

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: THE SUPERIOR GROUP,, LLC
Address: 12120 INTERNATIONAL DR
City-St-Zip: ORLANDO, FL 32821

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: RICHARD WILKES

MGRM

05/01/2006

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