2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079164

Address:

City-St-Zip:

O'FALLON, MO 63366

Entity Name: MASSAGE ENVY OF SOUTHWEST FLORIDA, LLC

FILED Mar 27, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5743 LONG BRAKE CIRCLE 11054 WINE PALM RD EDINA, MN 55439 FORT MYERS, FL 33912 **Current Mailing Address: New Mailing Address:** 5743 LONG BRAKE CIRCLE 11054 WINE PALM RD EDINA, MN 55439 FORT MYERS, FL 33912 FEI Number: 13-4309471 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: KAUFMAN, GORDON C 11054 WINE PALM ROAD FORT MYERS, FL 33912 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: MGRM Title: () Change () Addition () Delete MASSAGES EXCLUSIVELY, , LLC Name: Name: Address: 5743 LONG BRAKE CIRCLE Address: City-St-Zip: EDINA, MN 55439 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: MASSAGE MEMORIES, LL, C Name: Address: 207 ARBOR CREST DRIVE Address: City-St-Zip: BALLWIN, MO 63021 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition CAPTAIN MASSAGE, LLC, Name: Name: 29 TOURNAMENT TEE DRIVE

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.

Address:

City-St-Zip:

SIGNATURE: GORDON C. KAUFMAN **MGRM** 03/27/2006