2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 14, 2006 8:00 am Secretary of State 05-02-2006 90028 010 ****50.00

SCERENSCKO, STEPHEN M 3478 SW COCO PALM DRIVE CITY-ST-2P TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE MAKE STREET ADDRES	1. Entity Nan	MENT #L05000088 THES SPA OF JENSEN BI					05-02-20	06 900	28 010 *	***50.00
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Sulfa_Apt_F, etc. Sulfa_Apt_F, etc. Sulfa_Apt_F, etc. D2012006 Chg_LLC CR2E083 (11/05)	2. Principal F	Place of Business	3. Mailing Address							
S. Certificate of Status Desired \$5.00 Accidental \$6.00 Accidental	Suite, Apt.	Suite, Apt. #, etc.	uite, Apt. #, etc.							
S. Harre and Address of Current Registered Agent S. Harre and Address of Current Registered Agent 7. Name and Address of New Registered Agent Norman Street Address (P.O. Box Number is Not Accordable) Stree	City & Stat	e	City & State			4. FEI Numb	502629	2		
NORMAN, KENNETH A 2400 SE, FEDERAL HIGHWAY, FOURTH FLOOR STUART, FL 34994 6. 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 acceptable to provide provide agent. SIGNATURE Filling Fee is \$50.00 Due by May 1, 2008 Make check payable to Provide Department of State Filling Fee is \$50.00 Due by May 1, 2008 Make check payable to Provide Department of State Filling Fee is \$50.00 Due by May 1, 2008 Make check payable to Provide Department of State Filling Fee is \$50.00 Due by May 1, 2008 Make check payable to Provide Department of State On Management of State Make SCERENSCKO, STEPHEN M Make SCERENSCKO, STEPHEN M Make SIREL ADDRESS OTH ST. 7P PALM CITY, FL 34990 Delde ITHE MAKE SIREL ADDRESS OTH ST. 7P THE MAKE SIREL ADDRESS OTH ST. 7P T	Žip	Country Zip Cour			ntry	1			\$5.00 Ad	ditional
NORMAN, KENNETH A 2400 S.E. FEDERAL HIGHWAY, FOURTH FLOOR STUART, FL 34994 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 accepted office or registered agent, or both, in the State of Florida. I am familiar with, and accepted office or registered agent, or both, in the State of Florida. I am familiar with, and accepted office or registered agent, or both, in the State of Florida. I am familiar with, and accepted of the proposed of registered agent. SIGNATURE SIGNATUR		6. Name and Address of Current	Registered Agent	<u> </u>	I	7. Name an	d Address of New R	egistered	Agent	
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of For-da. I am familiar with, and access the obligations of registered agent. SIGNATURE Filling Foe is \$50.00 Due by May 1, 2006 Filling Foe is \$50.00 Due by May 1, 2006 Filling Foe is \$50.00 Due by May 1, 2006 Filling Foe is \$50.00 Due by May 1, 2006 Filling Foe is \$50.00 Due by May 1, 2006 Filling Foe is \$50.00 Due by May 1, 2006 Filling Foe is \$50.00 Due by May 1, 2006 Filling Foe is \$50.00 Make chack payable to Florida Department of State Int. MCR SCERENSOKO, STEPHEN M SIRET ADDRESS OITY-ST-7P FILL NAME SIRET ADDRESS OITY-ST-7P FILL NAME SIRET ADDRESS OITY-ST-7P Delde INT.E NAME SIRET ADDRESS OITY-ST-7P Delde INT.E NAME SIRET ADDRESS OITY-ST-7P THE NAME SIRET ADDRESS OIT	2400 S.E.	FEDERAL HIGHWAY, FOURT	H FLOOR			s (P.O. Box Numb	per is Not Acceptable	:)		
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 Signature		pro-			City			FI	Zip Cod	le
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