

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102777

FILED
Feb 28, 2007
Secretary of State

Entity Name: FARAWAY FARM MASSAGE THERAPY LLC

Current Principal Place of Business:

% ALLPOINTS THERAPY
2411 NW 41ST ST., SUITE D
GAINESVILLE, FL 32606 US

New Principal Place of Business:

Current Mailing Address:

% ALLPOINTS THERAPY
2411 NW 41ST ST., SUITE D
GAINESVILLE, FL 32606 US

New Mailing Address:

FEI Number: 20-3676502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OGDEN, RICHARD J
4509 NW 23RD AVENUE
SUITE #5
GAINESVILLE, FL 32054 US

Name and Address of New Registered Agent:

OGDEN, RICHARD J
2411 NW 41ST STREET
SUITE #D
GAINESVILLE, FL 32606 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 J. OGDEN

02/28/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: OGDEN, RICHARD J
Address: 3919 SW 21ST STREET
City-St-Zip: GAINESVILLE, FL 32608 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 J. OGDEN

MGR

02/28/2007

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