2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2009
Secretary of State

DOCUMENT# L05000102777

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:

3919 SW 21ST STREET
GAINESVILLE, FL 32608 US

Current Mailing Address:

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

New Mailing Address:

3919 SW 21ST STREET
GAINESVILLE, FL 32608 US

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
2411 NW 41ST STREET
SUITE #D
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

OGDEN, RICHARD J
3919 SW 21ST STREET
GAINESVILLE, FL 32608 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: _____ 04/18/2009
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 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 04/18/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date