2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2009
Secretary of State

DOCUMENT# L05000109874

Entity Name: MASSAGE ZONE, LLC

Current Principal Place of Business:

3033 MONUMENT ROAD, SUITE 8
JACKSONVILLE, FL 32225

New Principal Place of Business:

3033 MONUMENT ROAD
SUITE 8
JACKSONVILLE, FL 32225

Current Mailing Address:

3033 MONUMENT ROAD, SUITE 8
JACKSONVILLE, FL 32225

New Mailing Address:

10536 MARLFIELD COURT
JACKSONVILLE, FL 32256

FEI Number: 74-3153470 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

GEISSLER, ROBERT
10536 MARLFIELD CT.
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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:

Title: MGRM ( ) Delete
Name: GEISSLER, MELODY
Address: 10536 MARLFIELD CT.
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: MGRM ( ) Delete
Name: SUAZO, DARLENE
Address: 8721 RICARDO LANE
City-St-Zip: JACKSONVILLE, FL 32216 US

ADDITIONS/CHANGES:

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

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: MELODY GEISSLER MGRM 05/22/2009

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