

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000117322

1. Entity Name
INFINITY SPA & BOUTIQUE, L.L.C.



**FILED
May 21, 2007 8:00 am
Secretary of State**

05-21-2007 90363 048 ****50.00

40111000



03272007 Chg-LLC CR2E083 (12/06)

Principal Place of Business 12995 S. CLEVELAND AVENUE SUITE A103 FORT MYERS, FL 33907		Mailing Address 12995 S. CLEVELAND AVENUE SUITE A103 FORT MYERS, FL 33907				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent WRIGHT, CHRISTINE F ESQ. 4427 SE 16TH PLACE, #2 CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City				
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.						
<p>SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> (NOTE: Registered Agent signature required when reinstating) DATE</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Filing Fee is \$50.00 Due by May 1, 2007</td> <td style="width: 33%;"></td> <td style="width: 33%; text-align: right;">Make check payable to Florida Department of State</td> </tr> </table>				Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State				

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIBBONS, KELLY 12995 S. CLEVELAND AVENUE, SUITE A103 FORT MYERS, FL 33907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Julie*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

139-278-7728
105-01-07 139-634-6649