

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071679

FILED  
May 29, 2007  
Secretary of State

Entity Name: MATERNITY SPA FRANCHISING LLC

**Current Principal Place of Business:**

5685 DEERFIELD BLVD.  
MASON, OH 45040

**New Principal Place of Business:**

**Current Mailing Address:**

5685 DEERFIELD BLVD.  
MASON, OH 45040

**New Mailing Address:**

FEI Number: 20-8532355      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:**

THE FRANCHISE EDGE LLC  
8019 N. HIMES AVE. SUITE 503  
TAMPA, FL 33614 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: BIERSCHWAL, DAWN  
Address: 5685 DEERFIELD BLVD.  
City-St-Zip: MASON, OH 45040

Title: MGRM ( ) Delete  
Name: EQUITY BRANDS LLC,  
Address: 8019 N. HIMES AVE. SUITE 503  
City-St-Zip: TAMPA, FL 33614

**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: PAUL SAMSON

MGRM

05/29/2007

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