

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000001651

FILED
Mar 08, 2007
Secretary of State

Entity Name: BODY WORKS MASSAGE CLINIC, LLC

Current Principal Place of Business:

995 N. STATE ROAD 434
304
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

4732 FALLING ACORN CIRCLE
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 84-1723402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, DAVID S ESQ
5728 MAJOR BOULEVARD
SUITE 550
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

FINK, ANDREW J
4732 FALLING ACORN CIRCLE
LAKE MARY, FL 32746 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: ANDREW J FINK

03/08/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FINK, ANDREW
Address: 4732 FALLING ACORN CIRCLE
City-St-Zip: LAKE MARY, FL 32746

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: ANDREW J FINK

MGRM

03/08/2007

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