2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000028138

Entity Name: KAMA'A'OLE THERAPEUTIC MASSAGE, LLC

FILED Sep 02, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1409 PLAYERS CLUB CIRCLE3832 FORDHAM PRKWYGULF BREEZE, FL 32563GULF BREEZE, FL 32563

Current Mailing Address: New Mailing Address:

1409 PLAYERS CLUB CIRCLE 6111 ENTERPRISE DR
GULF BREEZE, FL 32563 2105
PENSACOLA, FL 32505

FEI Number: 20-8635042 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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: Name and Address of New Registered Agent:

WILLIAMS, DEBORAH M
1409 PLAYERS CLUB CIRCLE
GULF BREEZE, FL 32563 US

ICE, DEBORAH M
6111 ENTERPRISE DR
PENSACOLA, FL 32505 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: DEBORAH M. ICE 09/02/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

Name: WILLIAMS, DEBORAH M
Address: 1409 PLAYERS CLUB CIRCLE

Name: ICE, DEBORAH M
Address: 6111 ENTERPRISE DR APT. 2105

City-St-Zip: GULF BREEZE, FL 32563 City-St-Zip: PENSACOLA, FL 32505

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: DEBORAH M. ICE MRS 09/02/2008