2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000082514

Entity Name: SPA TIME BABY LLC

FILED Jan 27, 2008 Secretary of State

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

8243 ROSE PETAL CT 7318 BOX ELDER DRIVE PORT RICHEY, FL 34668 PORT RICHEY, FL 34668

Current Mailing Address: New Mailing Address:

8243 ROSE PETAL CT 7318 BOX ELDER DRIVE PORT RICHEY, FL 34668 PORT RICHEY, FL 34668

FEI Number: 75-3250654 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MEDINA, DEBRA L

8243 ROSE PETAL CT.

PORT RICHEY, FL 34668 US

BARILE, LESLIE J

7318 BOX ELDER DRIVE

PORT RICHEY, FL 34668 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: LESLIE J BARILE 01/27/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: () Delete Title: MGRM () Change (X) Addition Name: BARILE, LESLIE J
Address: Address: 7318 BOX ELDER DRIVE

Address: Address: 7318 BOX ELDER DRIVE
City-St-Zip: City-St-Zip: PORT RICHEY, FL 34668

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

 Name:
 Name:
 MEDINA, DEBRA L

 Address:
 Address:
 8243 ROSE PETAL CT.

 City-St-Zip:
 City-St-Zip:
 PORT RICHEY, FL 34668

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: LESLIE J BARILE MGRM 01/27/2008