2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 31, 2008
Secretary of State

DOCUMENT# L07000099448

Entity Name: SPA FITNESS STUDIO, LLC

Current Principal Place of Business:

1100 WHITE STREET
KEY WEST, FL 33040 US

New Principal Place of Business:

804 WHITE STREET
KEY WEST, FL 33040 US

Current Mailing Address:

3 COCONUT DRIVE
KEY WEST, FL 33040 US

New Mailing Address:

804 WHITE STREET
KEY WEST, FL 33040 US

FEI Number: **FEI Number Applied For (X)** **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:

DIDATO, THOMAS J
526 SOUTHARD STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

DIDATO, THOMAS J
605-B UNITED STREET
KEY WEST, FL 33040 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: 08/31/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SPIELBERG, AMY K
Address: 3300 EAGLE AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SPIELBERG, AMY K
Address: 804 WHITE STREET
City-St-Zip: KEY WEST, FL 33040

Title: MGRM ( ) Change (X) Addition
Name: RENIER, LEAH
Address: 3820 EAGLE AVENUE
City-St-Zip: KEY WEST, FL 33040

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: LEAH RENIER MGRM 08/31/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date