


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90022 001 \*\*\*\*55.00

DOCUMENT # L04000010977			
1. Entity Name LIBERTY FITNESS OF OCALA LLC			
Principal Place of Business 6 PECAN PASS TRACE OCALA, FL 34472		Mailing Address 6 PECAN PASS TRACE OCALA, FL 34472	
2. Principal Place of Business 7578 SE MARICAMP RD Suite, Apt. #, etc. # 106 City & State OCALA, FLORIDA Zip 34472 Country USA		3. Mailing Address 7578 SE MARICAMP RD Suite, Apt. #, etc. # 106 City & State OCALA, FLORIDA Zip 34472 Country USA	
02032005		Chg-LLC	CR2E083 (10/03)
4. FEI Number 20-0707403		Applied For Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent MIDGETT, DAVID E 1521 SE 36TH AVE SUITE 2 OCALA, FL 34471		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, DONNA	NAME	
STREET ADDRESS	6 PECAN PASS TRACE	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34472	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAUDET, DONNA	NAME	
STREET ADDRESS	11 FRONT STREET	STREET ADDRESS	
CITY-ST-ZIP	BRADFORD, MA 01835	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Donna M. Gaudet</u>		Date: <u>2/3/05</u> Daytime Phone #: <u>352-681-3882</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			
DONNA M. GAUDET			