


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000010977
 1. Entity Name
LIBERTY FITNESS OF OCALA LLC



Principal Place of Business 7578 SE MARICAMP RD #106 OCALA, FL 34472	Mailing Address 7578 SE MARICAMP RD #106 OCALA, FL 34472
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DO NOT WRITE IN THIS SPACE



01172008No Chg-LLC CR2E083 (12/07)

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

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000913210
 05/08/08-80007-004 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NELSON, DONNA 6 PECAN PASS TRACE OCALA, FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAUDET, DONNA 11 FRONT STREET BRADFORD, MA 01835
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Donna M. Gaudet 1/18/08 352-687-3882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Donna M. Gaudet