

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055551

FILED
Feb 26, 2008
Secretary of State

Entity Name: HERON LAKES FAMILY FITNESS, LLC

Current Principal Place of Business:

5631 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33076

New Principal Place of Business:

Current Mailing Address:

1820 N. CORPORATE LAKES BLVD
301
WESTON, FL 33326

New Mailing Address:

FEI Number: 20-5052212 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, MARIO R
1820 N. CORPORATE LAKES BLVD
301
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: L&M FITNESS,LLC,
Address: 1820 N. CORPORATE LAKES BLVD SUITE 301
City-St-Zip: WESTON, FL 33326

Title: MGR () Delete
Name: FITNESS FUNDING, LLC,
Address: 17160 ROYAL PALM BLVD SUITE 2
City-St-Zip: WESTON, FL 33327

Title: MGR () Delete
Name: INNVEST FAMILY HOLDI, NGS, LLLP
Address: 2448 NASSAU LANE
City-St-Zip: FT LAUDERDALE, FL 33312

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARIO HERNANDEZ MGR 02/26/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date