

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000007331

FILED  
Apr 22, 2011  
Secretary of State

**Entity Name:** MEN'S HEALTH ORLANDO, L.L.C.

**Current Principal Place of Business:**

632 N. SEMORAN BOULEVARD  
ORLANDO, FL 32807 US

**New Principal Place of Business:**

**Current Mailing Address:**

632 N. SEMORAN BOULEVARD  
ORLANDO, FL 32807 US

**New Mailing Address:**

FEI Number: 27-1712215

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BURKE, REGAN R  
632 N. SEMORAN BOULEVARD  
ORLANDO, FL 32807 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: MGRM  
Name: BURKE, REGAN R  
Address: 632 N. SEMORAN BLVD.  
City-St-Zip: ORLANDO, FL 32807 US

Title: MGR  
Name: HUDSON, CONSTANCE M  
Address: 632 N. SEMORAN BLVD.  
City-St-Zip: ORLANDO, FL 32807 US

I hereby 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: REGAN R. BURKE

MGRM

04/22/2011

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