

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000007257 1. Entity Name PHYSIQUES PERSONAL TRAINING, LLC	
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Principal Place of Business 869 SADLER ROAD, SUITE 5 FERNANDINA BEACH, FL 32034	Mailing Address 869 SADLER ROAD, SUITE 5 FERNANDINA BEACH, FL 32034
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DO NOT WRITE IN THIS SPACE



02212004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3651132	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LANE, DOUG W
869 SADLER ROAD, SUITE 5
FERNANDINA BEACH, FL 32034

**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 _____
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, 2004

U000000132554
04/27/04-80054-002 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LANE, DOUG W 869 SADLER ROAD, SUITE 5 AMELIA ISLAND, FL 32034
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IN THIS SPACE**

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: Doug W. LANE 4/25/04 904-261-0557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #