

2004 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2004

DOCUMENT # A01000000312

1. Entity Name
FITNESS WAREHOUSE OF PALM BEACH, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR -1 AM 9:26

Principal Place of Business
4155-B NORTHLAKE BLVD.
PALM BEACH GARDENS, FL 33410

Mailing Address
12594 PINES BLVD., #101-102
PEMBROKE PINES, FL 33027



2. Principal Place of Business

3. Mailing Address

4155-B Northlake Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02102004

Chg-LP

CR2E003 (10/03)

City & State

City & State
Palm Beach Gardens, FL

4. FEI Number

65-1068267

Applied For

Not Applicable

Zip

Country

Zip

Country

33410

Palm Beach

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDWARD S. ROBBINS, P.A.
12594 PINES BLVD., #101-102
PEMBROKE PINES, FL 33027

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$500,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$500,000.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P00000073533	STREET ADDRESS	
NAME	FITNESS WAREHOUSE OF PALM BEACH, INC.	CITY-ST-ZIP	
STREET ADDRESS	12594 PINES BLVD., #101-102		
CITY-ST-ZIP	PEMBROKE PINES, FL 33027		
DOCUMENT #		STREET ADDRESS	400030238314
NAME		CITY-ST-ZIP	03/10/04--01054--009 **526.25
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. 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 General Partner of the limited partnership or receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Edward S. Robbins, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/25/04 561-694-0644

Date

Daytime Phone #