

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By September 7, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 31 AM 11:14

<b>DOCUMENT # A01000000312</b> 1. Entity Name <b>FITNESS WAREHOUSE OF PALM BEACH, LTD.</b>					
Principal Place of Business <b>4155-B NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33410</b>			Mailing Address <b>4155-B NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33410</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-1068267</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>EDWARD S. ROBBINS, P.A. 12594 PINES BLVD., #101-102 PEMBROKE PINES, FL 33027</b>				7. Name and Address of New Registered Agent Name <b>NUTRITION SMART c/o ED ROBBINS, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4155 B. NORTHLAKE BLVD.</b> City <b>PALM BEACH GARDENS</b> <b>FL</b> Zip Code <b>33410</b>	
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  DATE <b>07/20/05</b>					
9. Capital Contributions as Shown on record. <b>\$500,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P00000073533		STREET ADDRESS	4155 B. NORTHLAKE BLVD.	
NAME	FITNESS WAREHOUSE OF PALM BEACH, INC.		CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
STREET ADDRESS	12594 PINES BLVD., #101-102		STREET ADDRESS	900056309849	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027		CITY-ST-ZIP	06/18/05--01001--002 **526.25	
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CITY-ST-ZIP			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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE:			PRESIDENT <b>EDUARDO D. GRUZMAN</b> 5/11/05 561-694-0644		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE