

Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 205-0383

From: GAIL S. ANDRE

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.
Account Number : 072720000036
Phone : (407) 843-4600
Fax Number : (407) 843-4444

PLEASE ARRANGE FILING OF THE ATTACHED STATEMENT OF QUALIFICATION FOR LIMITED LIABILITY LIMITED PARTNERSHIP AND RETURN A CERTIFICATION TO ME AS SOON AS POSSIBLE.. THANK YOU FOR YOUR ASSISTANCE IN THIS MATTER.

LIMITED PARTNERSHIP AMENDMENT

SUNSHINE FITNESS CENTERS, LTD.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$105.00

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**STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership as identified in the records of the Florida Department of State:
SUNSHINE FITNESS CENTERS, LTD.

Insert limited partnership's Florida document number: A02000000857

or

Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

2. Suffix adopted for the above named partnership: LLLP
(LLP, LLLP.)

3. The street address of its chief executive office: 1507 The Oaks Drive
(if different from current recorded address): Maitland, Florida 32751

4. The street address of principal office in Florida: _____
(if different from above) _____

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:
X as of the date this document is filed with the Florida Secretary of State
or
_____ a date later than the time of filing: _____

7. The name and Florida street address of the partnership's agent for service of process:
James F. Heekin, Jr.
215 North Eola Drive
Orlando, Florida 32801

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 16th day of June, 2002.

Signature of TWO Partners:

SUNSHINE FITNESS CENTERS, INC., a Florida corporation

By: [Signature]
David D. Dore, President

Typed or printed names of partners signing above: _____

Filing Fee: \$25.00
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

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