LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED
Oct 23, 2003 8:00 A.M.
Secretary of State

DOCUMENT # A02000000857

1. Entity Name

Sunshine Fitness Centers, LLLP

DO NOT WRITE IN THIS SPACE

MJH

10/23. DO NOT WRITE IN THIS SPACE FF $926.25

DUE BY MAY 1

2. Principal Place of Business	3. Mailing Address
280 South State Road 434	280 South State Road 434
Suite, Apt. #, etc: Suite 1049	Suite, Apt. #, etc: Suite 1049
City & State: Altamonte Springs, FL	City & State: Altamonte Springs, FL
Zip: 32714 Country: USA	Zip: 32714 Country: USA

4. FEI Number: 81-0566441 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: James F. Heekin, Jr.

Street Address (P.O. Box Number is Not Acceptable): 215 North Eola Drive

City: Orlando FL Zip Code: 32801

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

9. Capital Contributions as Shown on record: 1,500,000

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION.

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

DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	P02000067630 Sunshine Fitness Centers, Inc. Suite 1049, 280 S. State Road 434 Altamonte Springs, FL 32714	STREET ADDRESS / CITY-ST-ZIP	000023371290 10/30/03--01015--013 **901.25
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	000023371290 09/24/03--01060--008 **25.00
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STAPLE CHECK HERE

CR2E003B (12/02)

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.

SUNSHINE FITNESS CENTERS, INC., a Florida corporation

SIGNATURE: By: _____ 9/23/03 407-786-7373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

Eric Dore, Vice President