

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**DOCUMENT # A95000001794**

1. Entity Name  
**FITNESS WAREHOUSE, LTD.**



**FILED**

04 APR 29 AM 10:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**12594 PINES BLVD.  
STE. 101 & 102  
PEMBROKE PINES, FL 33027**

Mailing Address  
**12594 PINES BLVD.  
STE. 101 & 102  
PEMBROKE PINES, FL 33027**

2. Principal Place of Business

3. Mailing Address

Suite/Apt. #, etc.

Suite/Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02092004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**65-0644295**

Applied For  
Not Applicable

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, ESQ.  
800 S.E. 3RD AVE., STE. 300  
FORT LAUDERDALE, FL 33319**

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. **\$495,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$495,000.00**

**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 # **P95000088047**  
NAME **FITNESS WAREHOUSE, INC.**  
STREET ADDRESS **2122 BLOUNT ROAD**  
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

STREET ADDRESS

CITY-ST-ZIP

**000035840420**  
**05/10/04--01125--008 \*\*526.50**

DOCUMENT #  
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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **x Edward S. Robbins**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**x 2/25/04 954-437-0035**  
Date Daytime Phone #