

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

'2004 APR 21 PM 3: 39

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A99000001992	
1. Entity Name FITNESS WAREHOUSE OF TAMPA, LTD.	

Principal Place of Business 12594 PINES BLVD. PEMBROKE PINES, FL 33027	Mailing Address 12594 PINES BLVD. PEMBROKE PINES, FL 33027
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2. Principal Place of Business 14847 N. Dale Mabry Hwy Suite, Apt. #, etc.	3. Mailing Address 14847 N. Dale Mabry Hwy Suite, Apt. #, etc.
City & State Tampa, FL 33618	City & State Tampa, FL 33618
Zip Country	Zip Country

02062004 Chg-LP CR2E003 (10/03)	
4. FEI Number 65-0858405	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GRUVMAN, EDUARDO 14847 N. DALE MABRY HWY. TAMPA, FL 33618		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$370,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$370,000.00
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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 #	P98000071551	STREET ADDRESS	
NAME	FITNESS WAREHOUSE OF TAMPA, INC.	CITY-ST-ZIP	100036066121
STREET ADDRESS	12594 PINES BLVD.		05/11/04--01071--023 **526.25
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	
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DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

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 Eduardo Gruvman, J.P.* **x 3/22/04** **813-908-9500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #