


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

FILED

2004 APR 21 PM 3: 39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 12594 PINES BLVD. PEMBROKE PINES, FL 33027	Mailing Address 12594 PINES BLVD. PEMBROKE PINES, FL 33027
--	--



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

02062004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0858405	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent GRUVMAN, EDUARDO 14847 N. DALE MABRY HWY. TAMPA, FL 33618	7. Name and Address of New Registered Agent 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	
--	---	--

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 # NAME STREET ADDRESS CITY-ST-ZIP P98000071551 FITNESS WAREHOUSE OF TAMPA, INC. 12594 PINES BLVD. PEMBROKE PINES, FL 33027	STREET ADDRESS CITY-ST-ZIP <div style="text-align: center;"> 100036066121 05/11/04--01071--023 **\$26.25 </div>

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 #