


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000006432 1. Entity Name LIFE TIME FITNESS, INC.	
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Principal Place of Business 6442 CITY WEST PARKWAY EDEN PRAIRIE, MN 55344	Mailing Address 6442 CITY WEST PARKWAY EDEN PRAIRIE, MN 55344
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DO NOT WRITE IN THIS SPACE



02162004 No Chg-P CR2E034 (10/03)

4. FEI Number 41-1689746	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

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE, FL 32301

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AKRADI, BAHRAM 6442 CITY WEST PARKWAY EDEN PRAIRIE, MN 55344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRISCOLL, W. JOHN 332 MINNESOTA STREET SUITE 2090 SAINT PAUL, MN 55101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEFTON, STEVE 3001 HENNEPIN AVE. SUITE D-210 MINNEAPOLIS, MN 55408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDAU, DAVID 445 PARK AVE. NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVRIES, TIM 3600 IDS CENTER MINNEAPOLIS, MN 55402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBINSON, MICHAEL 6442 CITY WEST PARKWAY EDEN PRAIRIE, MN 55344

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03/08/04-80129-016 150.00

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12. I hereby certify that the information submitted 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 or supplementary report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Secretary** 3/5/04 (952) 229-7104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #