# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

550

DOCUMENT # F06000004171

1. Entity Name

LTF CLUB OPERATIONS COMPANY, INC.

FILED
07 AUG 28 AM 11:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 6442 CITY WEST PKWY.<br>EDEN PRAIRIE MN 55344 | 6442 CITY WEST PKWY.<br>EDEN PRAIRIE MN 55344 |

2nd MOORE CR2E034 (4/07)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 20-3369824 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR.
WESTON FL 33331

**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 (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $550.00**
**DUE BY September 5, 2007**
**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☐

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PCEO<br>AKRADI, BAHRAM<br>6442 CITY WEST PKWY.<br>EDEN PRAIRIE MN 55344 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>$7 8/30 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | EVD<br>ROBINSON, MICHAEL R<br>6442 CITY WEST PKWY.<br>EDEN PRAIRIE MN 55344 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>800109183598<br>09/07/07--01012--020 **1150.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | EVD<br>GEREND, MICHAEL J<br>6442 CITY WEST PKWY.<br>EDEN PRAIRIE MN 55344 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>BUSS, ERIC J<br>6442 CITY WEST PKWY.<br>EDEN PRAIRIE MN 55344 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>KERZMAN, STEVE<br>6442 CITY WEST PKWY.<br>EDEN PRAIRIE MN 55344 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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:** _____ 8/15/07

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