

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000005920

FILED
Apr 09, 2002 8:00 AM
Secretary of State

Entity Name: LIFESTYLE FAMILY FITNESS, LLC

Current Principal Place of Business:

1000 112TH CIRCLE NORTH
SUITE 100
ST. PETERSBURG, FL 33716 US

New Principal Place of Business:

Current Mailing Address:

1000 112TH CIRCLE NORTH
SUITE 100
ST. PETERSBURG, FL 33716 US

New Mailing Address:

C/O ERNEST L. MASCARA, PA
475 CENTRAL AVENUE, SUITE M8
ST. PETERSBURG, FL 33701 US

FEI Number: 59-3653905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DYERARA, GOEFFREY A
1000 112TH CIRCLE NORTH
SUITE 100
ST. PETERSBURG, FL 33716 US

Name and Address of New Registered Agent:

MASCARA, ERNEST L
THE KRESS BUILDING, SUITE M8
475 CENTRAL AVENUE
ST. PETERSBURG, FL 33701 US

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.

SIGNATURE: ERNEST L. MASCARA

04/09/2002

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: MASCARA, ERNEST L
Address: 475 CENTRAL AVENUE, SUITE M-8
City-St-Zip: ST. PETERSBURG, FL 33701

Title: MGR () Delete
Name: DYER, GEOFFREY A
Address: 1000 112TH CIRCLE NORTH, SUITE 100
City-St-Zip: ST. PETERSBURG, FL 33716 US

Title: MGR () Delete
Name: BRIGHT, TODD
Address: 1000 112TH CIRCLE NORTH, SUITE 100
City-St-Zip: ST. PETERSBURG, FL 33716 US

Title: MGR () Delete
Name: LASHER, STUART G
Address: 339 SOUTH PLANT AVENUE
City-St-Zip: TAMPA, FL 33606 US

Title: MGR () Delete
Name: SIMMONS, JOHN
Address: 339 SOUTH PLANT AVENUE
City-St-Zip: TAMPA, FL 33606 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GEOFFREY A. DYER

MGR

04/09/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date