

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005920

FILED  
Apr 19, 2004  
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:**

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

**New Mailing Address:**

FEI Number: 59-3653905      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
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: ERNEST L. MASCARA

MGR

04/19/2004

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