2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000005920

Entity Name: LIFESTYLE FAMILY FITNESS, LLC

339 SOUTH PLANT AVENUE

TAMPA, FL 33606 US

Address: City-St-Zip: FILED Apr 22, 2003 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
SUITE 100					
ST. PETER	RSBURG, FL	33716 US			
Current Mailing Address:			New Mailing Address:		
475 CENT	ST L. MASCA RAL AVENUE RSBURG, FL	, SÜITE M8			
FEI Number:	59-3653905	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
THE KRES	A, ERNEST L SS BUILDING, RAL AVENUE RSBURG, FL				
	named entity of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both	
SIGNATUR	RE:				
	Electron	nic Signature of Registered Age	ent	Date	
MANAGING MEMBERS/MEMBERS:			ADDITIONS/CHANG	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MASCARA, ER 475 CENTRAL) Delete NEST L AVENUE, SUITE M-8 JRG, FL 33701	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DYER, GEOFF 1000 112TH C) Delete REY A IRCLE NORTH, SUITE 100 JRG, FL 33716 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BRIGHT, TODE 1000 112TH C) Delete) IRCLE NORTH, SUITE 100 JRG, FL 33716 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR (LASHER, STUA 339 SOUTH PL TAMPA, FL 33	ANT AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	MGR (SIMMONS, JOI) Delete HN	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: GEOFFREY A. DYER MGR 04/22/2003