

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 10, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000008504**1. Entity Name
URBAN FITNESS, LLC

Principal Place of Business 1706 S DALE MABRY TAMPA FL 33629	Mailing Address 1706 S DALE MABRY TAMPA FL 33629
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2. Principal Place of Business 4705 N. FLORIDA AVENUE Suite, Apt. #, etc.	3. Mailing Address 4705 N. FLORIDA AVENUE Suite, Apt. #, etc.
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City & State TAMPA FL	City & State TAMPA FL	4. FEI Number 59-3661370	Applied For <input type="checkbox"/> Not Applicable
Zip 33603	Country	Zip 33603	Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GRAY JENNIFER 1706 S DALE MABRY TAMPA FL 33629		7. Name and Address of New Registered Agent Name GRAY JENNIFER Street Address (P.O. Box Number is Not Acceptable) 4705 N. FLORIDA AVENUE City TAMPA FL Zip Code 33603	
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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.

SIGNATURE JENNIFER GRAY DATE 05/10/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POAT JANA 3515 EMPERDRADO ST TAMPA FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POAT JANA 120 W. POWHATAN AVE. TAMPA FL 33604 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAY JENNIFER 3515 EMPEDRADO ST TAMPA FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAY JENNIFER 120 W. POWHATAN AVE. TAMPA FL 33604 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied 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 is true and accurate and that my 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: Jennifer Gray Mgr. 05/10/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)