

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000008504 1. Entity Name URBAN FITNESS, LLC	
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Principal Place of Business URBAN FITNESS, LLC TAMPA, FL 33603	Mailing Address 4705 N. FLORIDA AVENUE TAMPA, FL 33603
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DO NOT WRITE IN THIS SPACE



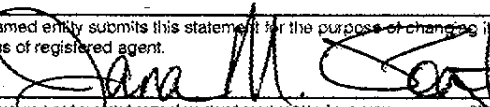
02092004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3661370	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent POAT, JANA 4705 N. FLORIDA AVENUE TAMPA, FL 33603	DO NOT WRITE IN THIS SPACE
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  _____
Signature, typed or printed name of registered agent and title if applicable. (If not a registered agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR POAT, JANA 408 E AMELIA AVE TAMPA, FL 33602
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03/18/04-80041-014 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  _____ **3/11/04 (813) 232-9152**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DAY: TO PHONE #