
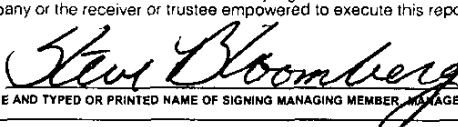


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90056 023 \*\*\*\*50.00

<b>DOCUMENT # L00000009050</b> 1. Entity Name <b>STEVE'S FITNESS, LLC</b>					
Principal Place of Business <b>33 N. GARDEN AVENUE #770 CLEARWATER, FL 33755</b>			Mailing Address <b>PO BOX 1348 CLEARWATER, FL 33757</b>		
2. Principal Place of Business <b>205 N. Garden Avenue</b> Suite, Apt. #, etc.		3. Mailing Address <b>205 N. Garden Avenue</b> Suite, Apt. #, etc.			
City & State <b>Clearwater, FL</b>		City & State <b>Clearwater, FL</b>		4. FEI Number <b>59-3692668</b>	
Zip <b>33755</b>		Country <b>Pinellas</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HAYES, STEVE 33 N. GARDEN AVENUE #750 CLEARWATER, FL 33755</b>			7. Name and Address of New Registered Agent Name <b>STEVEN L. HAYES</b> Street Address (P.O. Box Number is Not Acceptable) <b>33 N. GARDEN AVENUE, SUITE 770</b> City <b>CLEARWATER</b> <b>FL</b> Zip Code <b>33755</b>		
8. The above named agent 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  <b>Steven L. Hayes</b> <b>APRIL 27, 2006</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLOOMBERG, STEVE 33 N. GARDEN AVENUE #770 CLEARWATER, FL 33755	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BULLDOG CAPITAL MANAGEMENT L.P. 33 N. GARDEN AVENUE #770 CLEARWATER, FL 33755	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLOOMBERG, STEVE 205 N GARDEN AVENUE CLEARWATER, FL 33755	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BULLDOG CAPITAL MANAGEMENT L.P. 1862 MCCAULEY ROAD CLEARWATER, FL 33765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BULLDOG CAPITAL MANAGEMENT L.P. 1862 MCCAULEY ROAD CLEARWATER, FL 33765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BULLDOG CAPITAL MANAGEMENT L.P. 1862 MCCAULEY ROAD CLEARWATER, FL 33765	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BULLDOG CAPITAL MANAGEMENT L.P. 1862 MCCAULEY ROAD CLEARWATER, FL 33765	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BULLDOG CAPITAL MANAGEMENT L.P. 1862 MCCAULEY ROAD CLEARWATER, FL 33765	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Steve Bloomberg, Managing Member April 27, 2006 727-725-5225			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					