

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90048 011 ****50.00

DOCUMENT # L00000009050

1. Entity Name
STEVE'S FITNESS, LLC



Principal Place of Business
**205 N GARDEN AVE
CLEARWATER, FL 33755**

Mailing Address
**205 N GARDEN AVE
CLEARWATER, FL 33755**

2. Principal Place of Business - No P.O. Box #
205 N Garden Avenue

3. Mailing Address
205 N Garden Avenue

Suite, Apt. #, etc.
Suite C

Suite, Apt. #, etc.
Suite C

City & State
Clearwater, FL

City & State
Clearwater, FL

Zip Country
33755 USA

Zip Country
33755 USA

04192007 Chg-LLC CR2E083 (12/06)

4. FEI Number
59-3692668

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HAYES, STEVE
33 N GARDEN AVE STE 770
CLEARWATER, FL 33755**

7. Name and Address of New Registered Agent

Name
Richard Tinkelenberg

Street Address (P.O. Box Number is Not Acceptable)
1216 Nelson Avenue

City **Clearwater** **FL** Zip Code **33755**

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 *Richard Tinkelenberg* **Richard Tinkelenberg** **April 27, 2007**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME **BLOOMBERG, STEVE**
STREET ADDRESS **205 N GARDEN AVE**
CITY-ST-ZIP **CLEARWATER, FL 33755**

TITLE MGRM ☐ Delete
NAME **BULLDOG CAPITAL MANAGEMENT L.P.**
STREET ADDRESS **1862 MCCAULEY RD**
CITY-ST-ZIP **CLEARWATER, FL 33765**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME **Bloomberg, Steve**
STREET ADDRESS **611 S. Fort Harrison Avenue #307**
CITY-ST-ZIP **Clearwater, FL 33756**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Ronald J. Pollack* **Ronald J. Pollack**

April 27, 2007

727-725-5225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #