2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000010780

1. Entity Name
CLUB PERFORMAX, L.L.C.

Principal Place of Business	Mailing Address
1208 SARNO RD. MELBOURNE, FL 32935	1208 SARNO RD. MELBOURNE, FL 32935

DO NOT WRITE IN THIS SPACE

04202004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
65-1133292	Not Applicable

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

6. Name and Address of Current Registered Agent

HUNT, DELORES
2560 KINGSMILL AVE
MELBOURNE, FL 32934

DO NOT WRITE IN THIS SPACE

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.   (NOTE. Registered Agent signature required when reinstating).   DATE

Filing Fee is $50.00
Due by May 1, 2004

IIN0000126275
04/23/04-80027-013 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	P
NAME	STEWART, RODNEY B
STREET ADDRESS	237 TERRANCE AVE
CITY-ST-ZIP	MELBOURNE, FL 329356753
TITLE	VP
NAME	STEWART, RISA J
STREET ADDRESS	237 TERRANCE AVE
CITY-ST-ZIP	MELBOURNE, FL 329356753
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _Risa J. Stewart_ 4/20/04 321-757-6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #