


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90125 009 ****55.00

DOCUMENT # L01000020000

1. Entity Name
B & K FITNESS CENTER, LLC



Principal Place of Business
 1969 S. ALAFAFA TRAIL, #117
 ORLANDO, FL 32828

Mailing Address
 1969 S. ALAFAFA TRAIL, #117
 ORLANDO, FL 32828

49063244



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01122004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent

METZGER, BEN
 1794 ANNA CATHERINE DRIVE
 ORLANDO, FL 32828

4. FEI Number
APPLIED FOR 54-2104069

Applied For
 Not Applicable

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR METZGER, BEN 1794 ANNA CATHERINE DRIVE ORLANDO, FL 32828	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: Ben Metzger Ben Metzger 4-25-04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #