2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2004
Secretary of State

DOCUMENT# L01000021522

Entity Name: FROGGY'S FITNESS, LLC

Current Principal Place of Business:

91812 OVERSEAS HWY
TAVERNIER, FL 33070

New Principal Place of Business:

Current Mailing Address:

88170 OVERSEAS HIGHWAY
ISLAMORADA, FL 33038

New Mailing Address:

FEI Number: 22-3850898 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SULLIVAN, KEVIN
88170 OVERSEAS HWY
ISLAMORADA, FL 33036 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: SULLIVAN, KEVIN
Address: 88170 OVERSEAS HWY
City-St-Zip: ISLAMORADA, FL 33036

Title: MGR ( ) Delete
Name: TAYLOR-SULLIVAN, LINDA
Address: 88170 OVERSEAS HWY
City-St-Zip: ISLAMORADA, FL 33036

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: TAYLOR-SULLIVAN, LINDA
Address: 88170 OVERSEAS HWY
City-St-Zip: ISLAMORADA, FL 33036

Title: MGRM ( ) Change (X) Addition
Name: SULLIVAN, NICOLE
Address: 88170 OVERSEAS HWY
City-St-Zip: ISLAMORADA, FL 33036

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LINDA TAYLOR SULLIVAN MGRM 04/16/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date