

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021522

Entity Name: FROGGY'S FITNESS, LLC

FILED
Jun 05, 2006
Secretary of State

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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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/MANAGERS:

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

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

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

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: KEVIN SULLIVAN

MGRM

06/05/2006

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