

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003179

FILED
Feb 16, 2009
Secretary of State

Entity Name: LADY FITNESS OF SOUTHWEST FLORIDA, LLC

Current Principal Place of Business:

1751 NE PINE ISLAND ROAD, E2-3
CAPE CORAL, FL 33909 US

New Principal Place of Business:

1751 NE PINE ISLAND ROAD
SUITE E 2-3
CAPE CORAL, FL 33909 US

Current Mailing Address:

1751 NE PINE ISLAND ROAD, E2-3
CAPE CORAL, FL 33909 US

New Mailing Address:

1751 NE PINE ISLAND ROAD
SUITE E 2-3
CAPE CORAL, FL 33909 US

FEI Number: 02-0543605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PILCHER, JAMES R
2813 SW 51ST STREET
CAPE CORAL, FL 33914 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: MGR () Delete
Name: PILCHER, JAMES R
Address: 2813 SW 51ST STREET
City-St-Zip: CAPE CORAL, FL 33914 US

Title: MGR () Delete
Name: PILCHER, DEBORAH
Address: 2813 SW 51ST STREET
City-St-Zip: CAPE CORAL, FL 33914 US

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: PILCHER, DEBORAH K
Address: 2813 SW 51ST STREET
City-St-Zip: CAPE CORAL, FL 33914 US

I hereby certify that the information supplied with this filing does not qualify 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: JAMES R PILCHER

MGR.

02/16/2009

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