## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

## Feb 03, 2004 8:00 am **Secretary of State DOCUMENT # L02000003966** 02-03-2004 90050 007 \*\*\*\*50.00 PONTE VEDRA FITNESS LLC rum ph with a raw Principal Place of Business Mailing Address 5150 PALM VALLEY RD 5150 PALM VALLEY RD 24006344 #408 #408 PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082 2. Principal Place of Business 3. Mailing Address 236 Ste Suite, Apt. #, etc. Suite, Apt. #, etc. 01122004 CR2E083 (10/03) Chg-LLC Applied For 4. FEI Number City & State 04-3618497 Not Applicable \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registers MCGIBONY, JAMES T III Street Address (P.O. Box Number is Not Acceptable) 5150 PALM VALLEY RD #408 PONTE VEDRA BEACH, FL 32082 Zip Code City 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. DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2004 Florida Department of State MANAGING MEMBERS/MANAGERS 9.7(324 - 8.0) 10. NAME. Delete ■ Addition TITLE James T III McGibony MELIBONY, JAMES T III NAME 236 Stellar STREET ADDRESS 236 STELLAR CT. STREET ADDRESS PONTE VEDRA BEACH, FL 32082 CITY-ST-ZIP :3208J CITY-ST-ZIP te Vedra ☐ Change ☐ Addition TITLE ☐ Defete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CDY-ST-7IP CITY-ST-ZIP 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.

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