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9/25/2003-90042-001-$50.00-$50.00

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000004252

1. Entity Name
TEMPLE FITNESS, LC

[redacted]

☑ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
1567-A LIVE OAK DRIVE TALLAHASSEE FL 32301	1567-A LIVE OAK DRIVE TALLAHASSEE FL 32301

2. Principal Place of Business	3. Mailing Address
3525 Barnstaple Dr	3525 Barnstaple Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32317 Country: Leon	Zip: 32317 Country: Leon

4. FEI Number: 61-1406551 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, GEORGE A III
1567-A LIVE OAK DRIVE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name: Same

Street Address (P.O. Box Number is Not Acceptable)

City: FL Zip Code

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
Add TITLE: Managing member NAME: George A. Clark III STREET ADDRESS: 3525 Barnstaple Dr CITY-ST-ZIP: Tallahassee, FL 32317 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

CR2E083 (4/03)

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: George A Clark III 9/11/03 284-7021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

George A. Clark III 10/5/03 284-7021