


**FILED**  
**May 24, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90249 030 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L02000009027					
1. Entity Name PADCBATH CLUB HOLDINGS, LLC					
Principal Place of Business 550 BILTMORE WAY SUITE 970 CORAL GABLES, FL 33134			Mailing Address 550 BILTMORE WAY SUITE 970 CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04062007 Chg-LLC CR2E083 (12/06)	
City & State		City & State		4. FEI Number 01-0663738 <span style="float: right;"><input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</span>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  REGISTERED AGENTS OF FLORIDA, LLC 100 S.E. 2ND ST., STE. 3500 MIAMI, FL 33131			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ (NOTE: Registered Agent signature required when resigning) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PEEBLES, R.D. 550 BILTMORE WAY CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change	Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change	Addition
11. I hereby certify that the information supplied with this filing does NOT qualify for the exemptions contained in Chapter 119, 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: <u>Jade Pebbles Worth Gastell VP, CFO</u>				Date: <u>4/12/07 (305) 42-4392</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					