

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000011468 1. Entity Name KJ FITNESS MANAGEMENT, LLC	
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Principal Place of Business 733 WEST STATE ROAD 436 #2002 ALTAMONTE SPRINGS, FL 32714	Mailing Address 733 WEST STATE ROAD 436 #2002 ALTAMONTE SPRINGS, FL 32714
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07082004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0700146	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KAHN, JEROME B 733 WEST STATE ROAD 436 #2002 ALTAMONTE SPRINGS, FL 32714

**DO NOT WRITE
IN THIS SPACE**

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 (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAHN, JEROME 2102 ROYAL FERN CT LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV JACONETTI, GEORGE W 733 W STATE RD #936 STE 201 ALTAMONTE SPRINGS, FL 32714
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Jerome B Kahn, Jerome B Kahn 7-1201 810-239-2166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #