

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000011468**

1. Entity Name  
KJ FITNESS MANAGEMENT, LLC



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



03282005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
01-0700146

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**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 May 1, 2005**

**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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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000294271  
04/08/05-80061-025 \$0.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 609, Florida Statutes.

**SIGNATURE**

*Jerome B. Kahn, Jerome B. Kahn*  
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-4-05