

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000011468

**FILED**  
**Jun 12, 2012**  
**Secretary of State**

**Entity Name:** KJ FITNESS MANAGEMENT, LLC

**Current Principal Place of Business:**

733 WEST STATE ROAD 436 #2002  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

733 WEST STATE ROAD 436 #2002  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

**FEI Number:** 01-0700146

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KAHN, JEROME B  
733 WEST STATE ROAD 436 #2002  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** P  
**Name:** KAHN, JEROME  
**Address:** 2102 ROYAL FERN CT  
**City-St-Zip:** LONGWOOD, FL 32779

**Title:** PV  
**Name:** JACONETTI, GEORGE W  
**Address:** 733 W STATE RD #936 STE 201  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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

P

06/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date