

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90368 024 ****50.00

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|--|--|--|---|--|--|
| DOCUMENT # L02000012526 1. Entity Name SPORTS AND FITNESS TRAINING SYSTEMS, LLC | | | | | |
| Principal Place of Business 1755 ASHTON ABBEY RD. CLEARWATER, FL 33755 | | | Mailing Address 1755 ASHTON ABBEY RD. CLEARWATER, FL 33755 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 06-1643491 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| DURELL, DAVID L 1755 ASHTON ABBEY RD. CLEARWATER, FL 33755 | | | Name Patricia A Durell Street Address (P.O. Box Number is Not Acceptable) Same 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 Patricia A Durell <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | DATE 4/19/07 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DURELL, DAVID L 1755 ASHTON ABBEY ROAD CLEARWATER, FL 33755 <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 | MGRM DURELL, PATRICIA A 1755 ASHTON ABBEY ROAD CLEARWATER, FL 33755 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 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: Patricia A Durell <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | DATE 4/19/07 DAYTIME PHONE # 727-580-2885 | | |