2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

IDERSON

SIGNATURE:

Jan 28, 2004 08:00 AM DOCUMENT # L02000014229 **Secretary of State** 1. Entity Name ANDERSON FITNESS, LLC Mailing Address Principal Place of Business 2401 E. SOUTH STREET 2401 E. SOUTH STREET ORLANDO FL 32803 ORLANDO FL 32803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) City & State Applied For City & State 4. FEI Number 41-2025537 Not Applicable Zip Country Country \$5.00 Additional 127 5. Certificate of Status Desired. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANDERSON, GEORGE 2401 E. SOUTH STREET Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32803 City 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 SIGNATURE Signature, typed or printed name of registered agent and fille if applicable (NOTE Registered Agant signature required when reinstating) nátř FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE CEO Delete TITLE ☐ Change ☐ Addition ANDERSON, GEORGE NAME NAME U00000016124 STREET ADDRESS STREET ADDRESS 2401 E. SOUTH STREET 01/28/04-80042-006 55.00 CITY-ST-ZIP ORLANDO FL 32803 CITY-ST-789 Addition TIME Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TIBLE NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZAP CITY-ST-789 TITLE ☐ Delete RAFE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME Maker STREET ADDRESS STREET ADDRESS COTY - ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED

1-23-04

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