2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

FILED DOCUMENT # L02000014229 Feb 14, 2007 08:00 AM 1. Entity Namo **Secretary of State** ANDERSON FITNESS, LLC Principal Place of Business Mailing Address 2401 E. SOUTH STREET 2401 E. SOUTH STREET ORLANDO FL 32803 ORLANDO FL 32803 2. Principal Place of Business - No P.O. Box # 3. Mailing Address same some Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State Applied For 4. FEI Number 41-2025537 Not Applicable Ζip Country Zıp Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo ANDERSON, GEORGE Street Address (P.O. Box Number is Not Acceptable) 2401 E. SOUTH STREET ORLANDO FL 32803 Zip Codo 8. The above named ontity 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 reinstaling) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE ☐ Change MGR ☐ Delete TITLE Addition ANDERSON, GEORGE NAME U00000636015 STREET ADDRESS STREET ADDRESS 2401 E. SOUTH STREET 02/23/07-80038-006 55.00 CHY-SI-ZIP ORLANDO FL 32803 CHY-ST-7IP TITLE ☐ Delele THEE Change ☐ Addilion STREET ADDRESS STREET ADDRESS CITY+ST-7(P CHY-SI-7P THE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-ST-7IP ☐ Delete THE Change Addition NAME STREET ADDRESS STREET ADDINESS CITY-ST-71P CITY ST-ZIP HIII. Defete ШП Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP HILL: ☐ Delete TITLE Change Addition NAMI. ΝΑΜΓ 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 exemptions contained in Section 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 logal effect as if made under eath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 7-10-06

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date