

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021144

FILED
Apr 26, 2006
Secretary of State

Entity Name: THE FITNESS STUDIO DOWNTOWN, LLC

Current Principal Place of Business:

231 N.E. 15TH STREET
DELRAY BEACH, FL 33444

New Principal Place of Business:

111 E ATLANTIC AVENUE
DELRAY BEACH, FL 33483

Current Mailing Address:

231 N.E. 15TH STREET
DELRAY BEACH, FL 33444

New Mailing Address:

111 E ATLANTIC AVENUE
DELRAY BEACH, FL 33483

FEI Number: 02-0645989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOBIN & REYES, P.A.
7251 W PALMETTO PARK RD
BOCA RATON, FL 33433 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: MGR () Delete
Name: BILLER, JOEL W
Address: 231 N.E. 15TH STREET
City-St-Zip: DELRAY BEACH, FL 33444

Title: MGR () Delete
Name: BILLER, GERALDINE P
Address: 231 N.E. 15TH STREET
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BILLER, JOEL W
Address: 111 E ATLANTIC AVENUE
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGR (X) Change () Addition
Name: BILLER, GERALDINE P
Address: 111 E ATLANTIC AVENUE
City-St-Zip: DELRAY BEACH, FL 33483

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOEL BILLER

MGR

04/26/2006

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