

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2008 DEC -9 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07032008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L02000021144</b> 1. Entity Name <b>THE FITNESS STUDIO DOWNTOWN, LLC</b>					
Principal Place of Business 111 E ATLANTIC AVENUE DELRAY BEACH, FL 33483			Mailing Address 111 E ATLANTIC AVENUE DELRAY BEACH, FL 33483		
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 <b>02-0645989</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>TOBIN &amp; REYES, P.A.</b> <b>5355 TOWN CENTER ROAD</b> <b>SUITE 204</b> <b>BOCA RATON, FL 33486</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BILLER, JOEL W 111 E ATLANTIC AVENUE DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BILLER, GERALDINE P 111 E ATLANTIC AVENUE DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BILLER, SYDNEY 111 E ATLANTIC AVENUE DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BILLER, SYDNEY 111 E ATLANTIC AVENUE DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BILLER, SYDNEY 111 E ATLANTIC AVENUE DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BILLER, SYDNEY 111 E ATLANTIC AVENUE DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BILLER, SYDNEY 111 E ATLANTIC AVENUE DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete			
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		
Date <b>7-20-08</b>			Daytime Phone #		