


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90288 041 \*\*\*\*50.00

<b>DOCUMENT # L02000021903</b> 1. Entity Name THE FITNESS COMPANY OF SOUTH FLORIDA, LLC					
Principal Place of Business 9508 NW 38 STREET CORAL SPRINGS, FL 33065			Mailing Address 9508 NW 38 STREET CORAL SPRINGS, FL 33065		
2. Principal Place of Business 4200 NW 101 DR. Suite, Apt. #, etc.		3. Mailing Address 4200 NW 101 DR. Suite, Apt. #, etc.			
City & State Coral Springs, FL. Zip 33065 Country Broward		City & State Coral Springs, FL. Zip 33065 Country Broward		4. FEI Number 76-0710077 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01272005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  BROWN, KYLE 9508 NW 38 STREET CORAL SPRINGS, FL 33065			7. Name and Address of New Registered Agent Name Brown, Kyle Street Address (P.O. Box Number is Not Acceptable) 4200 NW 101 DR. City Coral Springs, FL Zip Code 33065		
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 <u>Kyle Brown</u> <u>Kyle Brown Owner</u> <u>3-24-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to: Florida Department of State		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, KYLE 9508 NW 38 ST CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Brown, Kyle 4200 NW 101 DR. Coral Springs, FL - 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, MONIQUE 9508 NW 38 ST POMPANO BEACH, FL 33065	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Brown, Monique 4200 NW 101 DR. Coral Springs, FL. 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, MONIQUE 9508 NW 38 ST POMPANO BEACH, FL 33065	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Brown, Monique 4200 NW 101 DR. Coral Springs, FL. 33065
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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.					
SIGNATURE: <u>Kyle Brown</u> <u>Kyle Brown</u> <u>3-24-05</u> <u>954-234-0972</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					