

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90282 019 \*\*\*\*50.00

**DOCUMENT # L02000026801**

1. Entity Name  
 MIAMI LAKES FITNESS & CONSULTING, L.L.C.



Principal Place of Business      Mailing Address

6625 MIAMI LAKES DRIVE, #100      13300 S.W. 128TH STREET  
 MIAMI LAKES, FL 33014              MIAMI, FL 33186

40008063



01262005No Chg-LLC      CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 81-0573509	<input checked="" type="checkbox"/>	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BOHATCH, JOHN S ESQ.  
 2600 DOUGLAS ROAD, PH-8  
 CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**

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.

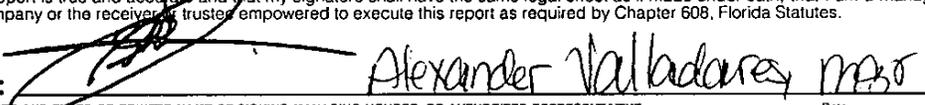
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VALLADARES, ALEXANDER F 13300 S.W. 128TH STREET MIAMI, FL 33186 ✓
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR D.A.R. MANAGEMENT, INC. 100 ALMERIA AVE., SUITE 230 CORAL GABLES, FL 33134 ✓
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  **Alexander Valladares, MGR.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

1/31/05.