2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2004
Secretary of State

DOCUMENT# L02000032390

Entity Name: MARK THREE FITNESS CENTERS LLC

Current Principal Place of Business:

720 ROY WALL BLVD
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

967 TAMARIND CIRCLE
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 81-0584173 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAINEY, MARK
967 TAMARIND CIRCLE
ROCKLEDGE, FL 32955

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/MEMBERS:

Title: MGRM ( ) Delete
Name: MARK THREE ADVISORS, LLC
Address: 967 TAMARIND CIRCLE
City-St-Zip: ROCKLEDGE, FL 32955

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ROCKYTOP INVESTMENTS, , LLC
Address: 967 TAMARIND CIRCLE
City-St-Zip: ROCKLEDGE, FL 32955

Title: MGRM ( ) Change (X) Addition
Name: DREAM GIVER INVESTME, NTS, LLC
Address: 580 WAVERLY DR
City-St-Zip: SLIDELL, LA 70461

Title: MGRM ( ) Change (X) Addition
Name: VIKING SOUTH, INC.,
Address: 1920 WOODHAVEN CIRCLE #78
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARK RAINEY MGRM 01/10/2004

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