

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033221

FILED
Apr 20, 2006
Secretary of State

Entity Name: TRADITION HEALTH & FITNESS, LLC

Current Principal Place of Business:

1750 EAST SUNRISE BLVD
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

2100 WEST CYPRESS CREEK ROAD
FORT LAUDERDALE, FL 33309

Current Mailing Address:

P.O. BOX 5403
FORT LAUDERDALE, FL 33310

New Mailing Address:

FEI Number: 72-1549786 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGRM () Delete
Name: CORE COMMUNITIES, LL, C
Address: 1750 EAST SUNRISE BLVD
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CORE COMMUNITIES, LL, C
Address: 2100 WEST CYPRESS CREEK ROAD
City-St-Zip: FORT LAUDERDALE, FL 33309

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: GEORGE P. SCANLON VP/S 04/20/2006

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