

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033221

**FILED**  
**Apr 12, 2007**  
**Secretary of State**

**Entity Name:** TRADITION HEALTH & FITNESS, LLC

**Current Principal Place of Business:**

2100 WEST CYPRESS CREEK ROAD  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

2200 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: 2100 WEST CYPRESS CREEK ROAD  
City-St-Zip: FORT LAUDERDALE, FL 33309

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CORE COMMUNITIES, LL, C  
Address: 2200 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

04/12/2007

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