


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State


04-17-2008 90266 001 *3,885.00

DOCUMENT # L02000033221 1. Entity Name TRADITION HEALTH & FITNESS, LLC	
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Principal Place of Business 2200 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309	Mailing Address P.O. BOX 5403 FORT LAUDERDALE, FL 33310
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DO NOT WRITE IN THIS SPACE

J0001200



03252008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 72-1549786	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORE COMMUNITIES, LLC 2200 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: J Paul Fenner Date: 3/26/08 Daytime Phone #: 772-340-3570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE