2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034437

City-St-Zip: LARGO, FL 33771 US

Entity Name: RENAISSANCE HEALTH CLUB, LLC

FILED Mar 30, 2007 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | |
|---|--|----------------------------------|---|--|
| | ELLAS BAYWA ERDE, FL 337 | | | |
| Current M | lailing Addres | s: | New Mailing Address: | |
| 8751 ULMI LEGAL DE LARGO, F | | 1 | | |
| FEI Number: | : 83-0348422 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | | Name and Address of New Registered Agent: | |
| | OONALD ESQ ERTON ROAD L 33771 US |) | | |
| | named entity see of Florida. | submits this statement for the p | ourpose of changing its registere | ed office or registered agent, or both |
| SIGNATU | RE: | | | |
| Electronic Signature of Registered Agen | | | ent | Date |
| MANAGING MEMBERS/MANAGERS: | | | ADDITIONS/CHANGES: | |
| Title: Name: Address: City-St-Zip: | MGR () WOLF, BRYON 8751 ULMERTO LARGO, FL 33 | ON ROAD | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: | MGRM () ELIASSON, RO | | Title: Name: | () Change () Addition |

City-St-Zip:

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: BRYON W WOLF MGR 03/30/2007