

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90275 019 ****50.00

DOCUMENT # L02000034605

1. Entity Name
CENTRAL FLORIDA HEALTH CLUBS, LLC



Principal Place of Business
**7733 TURKEY LAKE RD
ORLANDO, FL 32819**

Mailing Address
**2841 HARTLAND RD
STE 200
FALLS CHURCH, VA 22043**

60015782



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02072007 Chg-LLC CR2E083 (12/06)

4. FEI Number
11-3674512

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEWIS, PLEASANT
2732 LAKE HOWELL LANE
WINTER PARK, FL 32792**

Name **RISMILLER, MATT**
Street Address (P.O. Box Number is Not Acceptable)
700 BALMORAL RD.

City **WINTER PARK** **FL** Zip Code **32789**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LEWIS, PLEASANT
2732 LAKE HOWELL LN.
WINTER PARK, FL 32792** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
RISMILLER, MATT
3428 SOHO ST 306
ORLANDO, FL 32835** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
RISMILLER, MATT
700 BALMORAL RD.
WINTER PARK, FL 32792** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BOSSUNG, KEN
2942 EDGEWATER DR
EDGEWATER, MD 21037** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BOSSUNG, KEN
4753 GRESHAM PR.
EL DORADO HILLS, CA 95762** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BOSSUNG, BRETT
28 W 69TH ST 6A
NEW YORK, NY 10023** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WEISS, GREGOR
2530 N KEY BLVD APT 714
ARLINGTON, VA 22209** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GURNSEY, DAVID
240 RUBY LAKE LN
WINTER HAVEN, FL 33884** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GURNSEY, DAVID
236 RUBY LAKE LANE
WINTER HAVEN, FL 33884** ☒ Change ☐ Addition

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:

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

Date

Daytime Phone #

2/15/07 703 227 7006