

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001094

Entity Name: THE PILATES SPOT, LLC

FILED  
Jan 19, 2006  
Secretary of State

**Current Principal Place of Business:**

5943 DORAVILLE DRIVE  
PORT ORANGE, FL 32127

**New Principal Place of Business:**

**Current Mailing Address:**

5943 DORAVILLE DRIVE  
PORT ORANGE, FL 32127

**New Mailing Address:**

FEI Number: 55-0816320

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BATZ, DEBORA MASON  
5943 DORAVILLE DRIVE  
PORT ORANGE, FL 32127 US

**Name and Address of New Registered Agent:**

BATZ, DEBORA M  
5943 DORAVILLE DRIVE  
PORT ORANGE, FL 32127 US

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: DEBORA MASON BATZ

01/19/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MASON BATZ, DEBORA  
Address: 5943 DORAVILLE DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM ( ) Delete  
Name: BATZ, DENNIS C  
Address: 5943 DORAVILLE DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BATZ, DEBORA M  
Address: 5943 DORAVILLE DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: DEBORA MASON BATZ

MGRM

01/19/2006

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