FILED
Feb 03, 2005 8:00 am
Secretary of State
02-03-2005 90113 038 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000001666

1. Entity Name
HEALTH AND FITNESS QUEST, LLC

Principal Place of Business	Mailing Address
7265 BEE RIDGE RD. SARASOTA, FL 34241	216 RIO TERRA VENICE, FL 34285

2. Principal Place of Business	3. Mailing Address
	124 CANDYCE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: OSPREY FL
Zip / Country	Zip: 34229 Country: SARASOTA

01132005 Chg-LLC CR2E083 (10/03)

4. FEI Number: 57-1148991 — 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
WRIGHT, KATHLEEN S 216 RIO TERRA VENICE, FL 34285	Name: Street Address (P.O. Box Number is Not Acceptable): 124 CANDYCE DR City: OSPREY FL Zip Code: 34229

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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WRIGHT, KATHLEEN S 216 RIO TERRA VENICE, FL 34285 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 124 CANDYCE DR OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Kathleen Wright 1/30/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #