


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000004208  
1. Entity Name  
MMI FITNESS LLC



Principal Place of Business      Mailing Address  
49 KEEBLE AVE                      49 KEEBLE AVE  
DEBARY, FL 32713                  DEBARY, FL 32713



04182005 No Chg-LLC      CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 13-4237348	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
INGRASSIA, MICHELLE  
49 KEEBLE AVE  
DEBARY, FL 32713

**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 \_\_\_\_\_      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INGRASSIA, MICHELLE 49 KEEBLE AVE DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INGRASSIA, MARK 49 KEEBLE AVE DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/04/05-80008-019 50.00

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: rla      Date: 4/29/05      Daytime Phone #: 404-774-9430  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE