
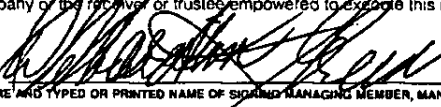


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90197 047 \*\*\*\*50.00

<b>DOCUMENT # L03000007213</b>					
<b>1. Entity Name</b> FITNESS FAST, LLC					
<b>Principal Place of Business</b> 10884 HAWKS VISTA STREET PLANTATION FL 33324			<b>Mailing Address</b> 10884 HAWKS VISTA STREET PLANTATION FL 33324		
<b>2. Principal Place of Business</b> 14457 Miramar Pkwy 10884 Hawks Vista St Suite, Apt. #, etc.			<b>3. Mailing Address</b> 10884 Hawks Vista St Suite, Apt. #, etc.		
<b>City &amp; State</b> Miramar, Florida		<b>City &amp; State</b> Plantation, Florida		<b>4. FEI Number</b> 30-0685005	
<b>Zip</b> 33027	<b>Country</b> USA	<b>Zip</b> 33324	<b>Country</b> USA	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GREEN, DEBORAH A ESQ. 10884 HAWKS VISTA ST. PLANTATION FL 33324			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <b>DATE</b> _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MEMBER/MANAGER	<b>NAME</b> MARTIN B. GREEN		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 10884 HAWKS VISTA ST			<b>NAME</b>		
<b>CITY-ST-ZIP</b> Plantation, FL 33324			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b> MEMBER/MANAGER	<b>NAME</b> JACK MALKIN		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 10016 NW 4th St.			<b>NAME</b>		
<b>CITY-ST-ZIP</b> Plantation, FL 33324			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b>			<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b>			<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b>			<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>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.</b>					
<b>SIGNATURE:</b> 			<b>2/23/04</b> <b>954-895-4717</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		