

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 27, 2007 8:00 am
Secretary of State

03-13-2007 90119 050 ****50.00

DOCUMENT # L03000013434 1. Entry Name ASHTON PERSONAL FITNESS CENTER LLC					
Principal Place of Business 611 DRUID RD E SUITE #204 CLEARWATER, FL 33756			Mailing Address 611 DRUID RD E SUITE #204 CLEARWATER, FL 33756		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 74-3113234	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent OSHEIM, HOLLIE A 468 MACLEOD TERRACE DUNEDIN, FL 34698			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent and see if applicable 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	MGR OSHEIM, HOLLIE A 468 MACLEOD TERRACE DUNEDIN, FL 34698	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LEE, DENNIS C JR 611 DRUID RD E SUITE #204 CLEARWATER, FL 33756	☒ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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: <i>[Signature]</i> 3/20/07 727-442-7117		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		