# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 14, 2005 8:00 am**
**Secretary of State**
01-20-2005 90008 021 ****50.00

30000402

DOCUMENT #L03000014152

1. Entity Name
USA * UK FITNESS, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 1370 HWY A1A STE E<br>SATELLITE BEACH, FL 32937 | 1919 HIGHWAY A1A, UNIT 402<br>SATELLITE BEACH, FL 32937 |

**DO NOT WRITE IN THIS SPACE**

01112005No Chg-LLC CR2E083 (10/03)

4. FEI Number
86-1059291
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BURGESS, PETER NN A
1919 HIGHWA4 A1A, UNIT 02
SATELLITE BEACH, FL 32937

**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 | MGR |
| NAME | MEAD, BRIAN |
| STREET ADDRESS | 1919 HIGHWAY A1A, UNIT 402 |
| CITY-ST-ZIP | SATELLITE BEACH, FL 32937 |
| TITLE | MGR |
| NAME | MEAD, HAZEL |
| STREET ADDRESS | 1919 HIGHWAY A1A, UNIT 402 |
| CITY-ST-ZIP | SATELLITE BEACH, FL 32937 |
| TITLE | MGR |
| NAME | BURGESS, SALLY |
| STREET ADDRESS | 1919 HIGHWAY A1A, UNIT 402 |
| CITY-ST-ZIP | SATELLITE BEACH, FL 32937 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

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:** Peter N. Burgess 2/7/05 321-779-9295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #