

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014152

Entity Name: USA * UK FITNESS, LLC

FILED
Jan 14, 2007
Secretary of State

Current Principal Place of Business:

1370 HWY A1A STE E
SATELLITE BEACH, FL 32937

New Principal Place of Business:

1919 HWY A1A 402
SATELLITE BEACH, FL 32937

Current Mailing Address:

1919 HIGHWAY A1A, UNIT 402
SATELLITE BEACH, FL 32937

New Mailing Address:

FEI Number: 86-1059291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURGESS, PETER N
1919 HIGHWAY A1A, UNIT 402
SATELLITE BEACH, FL 32937 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MEAD, BRIAN
Address: 1919 HIGHWAY A1A, UNIT 402
City-St-Zip: SATELLITE BEACH, FL 32937

Title: MGR () Delete
Name: MEAD, HAZEL
Address: 1919 HIGHWAY A1A, UNIT 402
City-St-Zip: SATELLITE BEACH, FL 32937

Title: MGR () Delete
Name: BURGESS, SALLY
Address: 1919 HIGHWAY A1A, UNIT 402
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRIAN MEAD

MRG

01/14/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date