

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023410

Entity Name: FITNESS FOR LIFE, LLC

FILED  
Jul 04, 2005  
Secretary of State

**Current Principal Place of Business:**

306 USEPPA ISLAND  
P.O. BOX 239  
BOKEELIA, FL 33922

**New Principal Place of Business:**

4850 DOCKSIDE DR.  
#201  
FT. MYERS, FL 33919

**Current Mailing Address:**

306 USEPPA ISLAND  
P.O. BOX 239  
BOKEELIA, FL 33922

**New Mailing Address:**

4850 DOCKSIDE DR.  
#201  
FT. MYERS, FL 33919

FEI Number: 05-0576750      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CUMMINS, PHYLLIS A  
306 USEPPA ISLAND  
BOKEELIA, FL 33922 US

CUMMINS, PHYLLIS A  
4850 DOCKSIDE DR.  
#201  
FT. MYERS, FL 33919 US

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: PHYLLIS A CUMMINS

07/04/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CUMMINS, PHYLLIS A  
Address: 306 USEPPA ISLAND  
City-St-Zip: BOKEELIA, FL 33922 02

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CUMMINS, PHYLLIS A  
Address: 4850 DOCKSIDE DR., #201  
City-St-Zip: FT. MYERS, FL 33919 02

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 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: PHYLLIS A CUMMINS

MGR

07/04/2005

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