

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

Name and Address of New Registered Agent:

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 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