


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 20, 2005 8:00 am
Secretary of State

06-20-2005 90165 015 ****50.00

DOCUMENT # L03000027129

1. Entity Name
 IDEAL FITNESS LLC



Principal Place of Business 2102 SOUTH MACDILL AVE., STE. A TAMPA, FL 33629	Mailing Address 2102 SOUTH MACDILL AVE., STE. A TAMPA, FL 33629
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20060409



06022005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 90-0102086	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FINK, JEFFREY R
 2102 SOUTH MACDILL AVE., STE. A
 TAMPA, FL 33629

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.

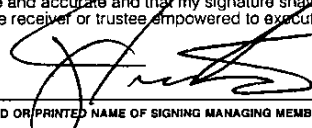
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$50.00 Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FINK, JEFFREY R 2102 SOUTH MACDILL AVE., STE. A TAMPA, FL 33629
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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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____