


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2008 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



05122008 No Chg-LLC CR2E083 (12/07)

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|-----------------------------|-------------------------------|
| 4. FEI Number 90-0102086 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

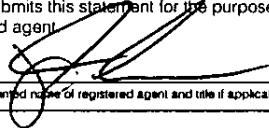
5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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: 5-12-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008

| 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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 06/04/08-80052-016 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: 5-12-08 DAYTIME PHONE #: 813-258-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE