

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032997

FILED  
Apr 30, 2006  
Secretary of State

Entity Name: FIT 4 LIFE LLC

**Current Principal Place of Business:**

3503 NW 7TH TERRACE  
CAPE CORAL, FL 33993 US

**New Principal Place of Business:**

**Current Mailing Address:**

3503 NW 7TH TERRACE  
CAPE CORAL, FL 33993 US

**New Mailing Address:**

FEI Number: 20-0285873

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VOSS, BARBARA J  
143 S.E. 44TH STREET  
CAPE CORAL, FL FL US

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

VOSS, BARBARA J  
3503 NW 7TH TERRACE  
CAPE CORAL, FL FL 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: BARBARA J. VOSS

04/30/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: VOSS, BARBARA J  
Address: 143 S. E. 44TH STREET  
City-St-Zip: CAPE CORAL, FL 33904 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: VOSS, BARBARA J  
Address: 3503 NW 7TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33993 US

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: BARBARA J. VOSS

PRES

04/30/2006

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