

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Aug 02, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L03006036242**

**1. Entity Name  
SPECIALIZED SENIOR FITNESS, LLC**



**Principal Place of Business**

**1632 N. RONALD REAGAN BLVD.  
LONGWOOD, FL 32750 US**

**Mailing Address**

**Tina Delgado  
1033 Oxford St  
Longwood FL 32750-5527**



**07262005No Chg-LLC**

**CR2E083 (10/03)**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**41-2110472**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**DELGADO, TINA L  
1632 N. RONALD REAGAN BLVD.  
LONGWOOD, FL 32750**

**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**

*Tina Delgado*  
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

*7/25/05*

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

**U00000375361  
08/02/05-80001-011 55.00**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**  
**MGRM  
SPECIALIZED SENIOR FITNESS, LLC  
1632 N. RONALD REAGAN BLVD.  
LONGWOOD, FL 32750**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

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

**Date**

**Daytime Phone #**

*7/25/05 407-7825600*