

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000048030

Entity Name: DOWNTOWN GP, LLC

**FILED**  
**Apr 09, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

200 S. BISCAYNE BLVD., #15-A  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

200 S. BISCAYNE BLVD., #15-A  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

TAGUE, BRIAN  
201 S. BISCAYNE BLVD.  
SUITE 2600  
MIAMI, FL 33131 US

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

MEEAHN, GENE  
200 S BISCAYNE BL  
SUITE 15A  
MIAMI, FL 33131 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: GENE MEEHAN

04/09/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MIAMI HEALTH & FITNE, SS HOLDINGS, L L C  
Address: 200 S. BISCAYNE BLVD., #15-A  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GENE MEEHAN

GP

04/09/2007

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