



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90038 023 ****50.00

DOCUMENT # L03000055239					
1. Entity Name VILLAGE FITNESS, LLC					
Principal Place of Business 150 N. WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714			Mailing Address 150 N. WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714		
2. Principal Place of Business 1771 WEST SR 434 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 162207 Suite, Apt. #, etc.			
City & State Longwood, FL Zip Country 32750 U.S.		City & State Altamonte Springs, FL Zip Country 32716-2207		04212004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-0511285				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MORAN, THOMAS P 111 NORTH ORANGE AVENUE, SUITE 1200 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date: 4/22/04		Daytime Phone #: 407-788-3000
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					