2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2004
Secretary of State

DOCUMENT# L03000055520

Entity Name: EXERCISE SOLUTIONS, LLC

Current Principal Place of Business:

1175 NE MIAMI GARDENS DRIVE
#701 E
NORTH MIAMI BEACH, FL 33179 US

New Principal Place of Business:

18319A WEST DIXIE HWY
1
NORTH MIAMI BEACH, FL 33160 US

Current Mailing Address:

1175 NE MIAMI GARDENS DRIVE
#701 E
NORTH MIAMI BEACH, FL 33179 US

New Mailing Address:

18319A WEST DIXIE HWY
1
NORTH MIAMI BEACH, FL 33160 US

FEI Number: 56-2424015 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: KATZ, ILAN
Address: 1175 NE MIAMI GARDENS DRIVE, #701 E
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: MGRM ( ) Delete
Name: KATZ, MICHELLE
Address: 1175 NE MIAMI GARDENS DRIVE, #701 E
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

ADDITIONS/CHANGES:

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

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 Section 119.07(3)(i), 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: ILAN KATZ MGRM 04/09/2004

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