

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2007 08:00 A
Secretary of State

DOCUMENT # L03000056465

1. Entity Name
G.W. FITNESS CENTERS, LLC



Principal Place of Business
250 NW PEACOCK BLVD
PORT SAINT LUCIE, FL 34986 US

Mailing Address
201 NORTH UNITED STATES HIGHWAY ONE
SUITE C-6
JUPITER, FL 33477 US



02012007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0647516

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILKINS, CLYDE S
403 OLD JUPITER BEACH RD
JUPITER, FL 33477

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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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME GOLDSMITH, JEFF H
STREET ADDRESS 230 OCEAN GRANDE BLVD
CITY-ST-ZIP JUPITER, FL 33477

TITLE VP
NAME WILKINS, CLYDE S
STREET ADDRESS 403 OLD JUPITER BEACH RD
CITY-ST-ZIP JUPITER, FL 33477

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03/30/07-80055-010 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

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

02/15/07

Date

561-743-3700

Daytime Phone #