

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000056470

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** ST. LUCIE FITNESS ENTERPRISES, LLC

**Current Principal Place of Business:**

250 NW PEACOCK BLVD  
PORT SAINT LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

201 N. US HWY 1  
C-1  
JUPITER, FL 33477

**New Mailing Address:**

**FEI Number:** 52-2444770

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILKINS, CLYDE SMITH  
403 OLD JUPITER BEACH RD  
JUPITER, FL 33477 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/MANAGERS:**

**Title:** MGRM  
**Name:** GOLDSMITH, JEFF H  
**Address:** 230 OCEAN GRANDE BLVD  
**City-St-Zip:** JUPITER, FL 33477

**Title:** MGRM  
**Name:** WILKINS, CLYDE SMITH  
**Address:** 403 OLD JUPITER BEACH RD  
**City-St-Zip:** JUPITER, FL 33477

I hereby 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:** JEFFREY GOLDSMITH

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04/30/2010

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