


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90107 050 \*\*\*\*50.00

<b>DOCUMENT # L04000004126</b>		
1. Entity Name <b>FIT FOR KIDS, LLC</b>		

Principal Place of Business <b>20395 MIDDLEBURY ST. ASHBURN, VA 20147</b>	Mailing Address <b>20395 MIDDLEBURY ST. ASHBURN, VA 20147</b>
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2. Principal Place of Business <b>33287 US Hwy 19 N.</b>	3. Mailing Address <b>33287 US Hwy 19 N.</b>
Suite, Apt. #, etc. <b>\$</b>	Suite, Apt. #, etc. <b>\$</b>
City & State <b>PALM HARBOR FL</b>	City & State <b>PALM HARBOR FL</b>
Zip <b>34684</b>	Country <b>USA</b>



01222005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>562429667</b>	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 <b>RODIS, JAMI 2405 CLARK AVE. S. TAMPA, FL 33629</b>	7. Name and Address of New Registered Agent Name <b>JAMI RODIS (SAME)</b> Street Address (P.O. Box Number is Not Acceptable) <b>7048 PALMETTO PINES LA</b> City <b>LAND O LAKES</b> FL Zip Code <b>34637</b>
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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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODIS, MICHAEL A 20395 MIDDLEBURY ST. ASHBURN, VA 20147 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER MGR RODIS, MICHAEL A 7048 PALMETTO PINES LA LAND O LAKES, FL 34637 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RODIS, JAMI L 2405 CLARK AVE. S. TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER MGRM RODIS, JAMI 7048 PALMETTO PINES LA LAND O LAKES, FL 34637 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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:** Michael Rodis **1/31/05** **813-235-9458**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #