

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004126

Entity Name: FIT FOR KIDS, LLC

FILED
Jan 23, 2006
Secretary of State

Current Principal Place of Business:

33287 UNITED STATES HIGHWAY 19 NORTH
PALM HARBOR, FL 34684

New Principal Place of Business:

33287 US HIGHWAY 19 NORTH
PALM HARBOR, FL 34684

Current Mailing Address:

33287 UNITED STATES HIGHWAY 19 NORTH
PALM HARBOR, FL 34684

New Mailing Address:

33287 US HIGHWAY 19 NORTH
PALM HARBOR, FL 34684

FEI Number: 56-2429667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODIS, JAMI
7048 PALMETTO PINES LANE
LAND 'O LAKES, FL 34637 US

Name and Address of New Registered Agent:

RODIS, MICHAEL
7048 PALMETTO PINES LANE
LAND 'O LAKES, FL 34637 US

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: MICHAEL RODIS

01/23/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RODIS, MICHAEL A
Address: 7048 PALMETTO PINES LANE
City-St-Zip: LAND 'O LAKES, FL 34637

Title: MGRM () Delete
Name: RODIS, JAMI L
Address: 7048 PALMETTO PINES LANE
City-St-Zip: LAND 'O LAKES, FL 34637

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 Chapter 119, 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: MICHAEL RODIS

MGR

01/23/2006

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