

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000009443

**FILED**  
**Apr 16, 2009**  
**Secretary of State**

**Entity Name:** FITNESS PRODUCTIONS, L.L.C.

**Current Principal Place of Business:**

2234 SEMORAN BLVD.  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

217 KENTUCKY BLUE CIRCLE  
APOPKA, FL 32712

**New Mailing Address:**

2234 SEMORAN BLVD.  
APOPKA, FL 32703

**FEI Number:** 59-3675340

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CALLAHAN, W. SCOTT ESQ  
STUMP, STOREY, CALLAHAN, ET AL  
37 N ORANGE AVE  
ORLANDO, FL 32801 US

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

REEVES, MICHAEL S MGRM  
2234 E. SEMORAN BLVD.  
APOPKA, FL 32703 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 S. REEVES

04/16/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: REEVES, MICHAEL S  
Address: 2234 E.SEMORAN BLVD.  
City-St-Zip: APOPKA, FL 32703

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify 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 S. REEVES

MGRM

04/16/2009

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