

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90022 001 ****55.00

DOCUMENT # L04000010977 1. Entity Name LIBERTY FITNESS OF OCALA LLC					
Principal Place of Business 6 PECAN PASS TRACE OCALA, FL 34472				Mailing Address 6 PECAN PASS TRACE OCALA, FL 34472	
2. Principal Place of Business 7578 SE MARICAMP RD Suite, Apt. #, etc. # 106		3. Mailing Address 7578 SE MARICAMP RD Suite, Apt. #, etc. # 106			
City & State OCALA, FLORIDA		City & State OCALA, FLORIDA		02032005 Chg-LLC CR2E083 (10/03)	
Zip 34472		Country USA		4. FEI Number 20-0707403	
City & State OCALA, FLORIDA		City & State OCALA, FLORIDA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MIDGETT, DAVID E 1521 SE 36TH AVE SUITE 2 OCALA, FL 34471				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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	MGRM NELSON, DONNA 6 PECAN PASS TRACE OCALA, FL 34472	<input type="checkbox"/> Delete			
TITLE --- NAME STREET ADDRESS CITY - ST - ZIP	MGRM GAUDET, DONNA 11 FRONT STREET BRADFORD, MA 01835	<input type="checkbox"/> Delete			
TITLE --- NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE --- NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE --- NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE --- NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE --- NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE --- NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
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: <u>Donna M. Gaudet</u> 2/3/05 352-681-3882 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					
DONNA M. GAUDET					