

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90092 005 ****55.00

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01102006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L04000010977 1. Entity Name LIBERTY FITNESS OF OCALA LLC					
Principal Place of Business 7578 SE MARICANE RD #106 OCALA, FL 34472			Mailing Address 7578 SE MARICANE RD #106 OCALA, FL 34472		
2. Principal Place of Business 7578 SE MARICAMP RD		3. Mailing Address 7578 SE MARICAMP RD			
Suite, Apt. #, etc. #106		Suite, Apt. #, etc. #106			
City & State OCALA, FLORIDA		City & State OCALA, FLORIDA			
Zip 34472		Country USA		Zip 34472	
Country USA		4. FEI Number 20-0707403			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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, 2006		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<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 exemptions contained in Chapter 119, 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> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			11/18/06 <small>Date</small>		352-687-3882 <small>Daytime Phone #</small>
DONNA M. GAUDET					