2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000010977

1. Entity Name
LIBERTY FITNESS OF OCALA LLC

Principal Place of Business	Mailing Address
7578 SE MARICAMP RD #106 OCALA, FL 34472	7578 SE MARICAMP RD #106 OCALA, FL 34472

DO NOT WRITE IN THIS SPACE

01092007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number		Applied For
20-0707403		Not Applicable
5. Certificate of Status Desired	☑	**$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

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

**Filing Fee is $50.00
Due by May 1, 2007**

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	NELSON, DONNA
STREET ADDRESS	6 PECAN PASS TRACE
CITY-ST-ZIP	OCALA, FL 34472

TITLE	MGRM
NAME	GAUDET, DONNA
STREET ADDRESS	11 FRONT STREET
CITY-ST-ZIP	BRADFORD, MA 01835

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
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CITY-ST-ZIP	

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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: _____   1/18/07   352-687-388?

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #