

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017065

Entity Name: FULL CIRCLE FITNESS, LLC

FILED
Aug 07, 2005
Secretary of State

Current Principal Place of Business:

13423 FALCON POINTE DRIVE
ORLANDO, FL 32837

New Principal Place of Business:

3916 TOWNSHIP SQUARE BLVD.
923
ORLANDO, FL 32837

Current Mailing Address:

13423 FALCON POINTE DRIVE
ORLANDO, FL 32837

New Mailing Address:

3916 TOWNSHIP SQUARE BLVD.
923
ORLANDO, FL 32837

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HOLZAEPFEL, JEFF L
13423 FALCON POINTE DRIVE
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

HOLZAEPFEL, JEFF L
3916 TOWNSHIP SQUARE BLVD.
923
ORLANDO, FL 32837 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: JEFF L. HOLZAEPFEL

08/07/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOLZAEPFEL, JEFF L
Address: 13423 FALCON POINTE DRIVE
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES:

Title: MR. (X) Change () Addition
Name: HOLZAEPFEL, JEFF L
Address: 3916 TOWNSHIP SQUARE BLVD. #923
City-St-Zip: ORLANDO, FL 32837

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JEFF L. HOLZAEPFEL

MR.

08/07/2005

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