

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000020445

1. Entity Name
IMPERIAL FITNESS CENTER, LLC



Principal Place of Business
13100 HAMILTON HARBOUR DRIVE, UNIT G-11
NAPLES, FL 34110

Mailing Address
13100 HAMILTON HARBOUR DRIVE, UNIT G-11
NAPLES, FL 34110

| | | | |
|--------------------------------|---------------------|-----|---------|
| 2. Principal Place of Business | 3. Mailing Address | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | |
| City & State | City & State | | |
| Zip | Country | Zip | Country |

07202005 Chg-LLC CR2E083 (10/03)

| | |
|----------------------------|---------------------------------|
| 4. FEI Number 52-244144 | Applied For <i>52-244144</i> |
| | Not Applicable |

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMFIELD, IAN G
13100 HAMILTON HARBOUR DRIVE, UNIT G-11
NAPLES, FL 34110

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 September 7, 2005

Make check payable to
Florida Department of State

| | | | |
|--|---|--|---|
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR M. IAN G. CAMFIELD, 13100 HAMILTON HARBOUR DR. G-11 NAPLES FL 34110. | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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.

Ian G. Camfield IAN G. CAMFIELD 8/11/05 239-597-0585
SIGNATURE: *Ian G. Camfield* IAN G. CAMFIELD 8/11/05 239-597-0585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Date Daytime Phone #