

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033687

Entity Name: FLORIDA SUN FITNESS LLC

FILED
Jan 31, 2007
Secretary of State

Current Principal Place of Business:

101 CLEMATIS ST
WEST PALM BEACH, FL 33401

New Principal Place of Business:

101 CLEMATIS ST
110
WEST PALM BEACH, FL 33401

Current Mailing Address:

101 CLEMATIS ST
WEST PALM BEACH, FL 33401

New Mailing Address:

101 CLEMATIS ST
110
WEST PALM BEACH, FL 33401

FEI Number: 16-1698886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARE, STEVEN H
101 CLEMATIS ST
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

HARE, STEVEN H
101 CLEMATIS ST
110
WEST PALM BEACH, FL 33401 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: SHANE PONDER

01/31/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BUGLIONE, DAVID M
Address: 101 CLEMATIS ST
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM () Delete
Name: HARE, STEVE
Address: 88 EXCHANGE ST
City-St-Zip: MIDDLEBURY, VT 05753

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PONDER, SHANE C
Address: 101 CLEMATIS ST
City-St-Zip: WEST PALM BEACH, FL 33401

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SHANE PONDER

MGR

01/31/2007

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