


2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90080 023 ****50.00

DOCUMENT # L04000042640	
1. Entity Name PRIVATE FITNESS LLC	

Principal Place of Business 340 ROYAL POINCIANA WAY PALM BEACH, FL 33480 US	Mailing Address 340 ROYAL POINCIANA WAY PALM BEACH, FL 33480 US
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2. Principal Place of Business 340 Royal Poinciana Way Suite, Apt. #, etc. Suite 316	3. Mailing Address 1330 North O Street Suite, Apt. #, etc.
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City & State Palm Beach FL	City & State Lake Worth, FL
Zip 33480	Country US
Zip 33460	Country US

04192005 Chg-LLC CR2E083 (10/03)

4. FEI Number 04-381-2660	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KOCHMAN, RONALD S. 222 LAKEVIEW AVENUE SUITE 950 WEST PALM BEACH, FL 33401	
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7. Name and Address of New Registered Agent

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 May 1, 2005	Make check payable to Florida Department of State	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEL SANTO, HELI 340 ROYAL POINCIANA WAY PALM BEACH, FL 33480 <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
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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.

SIGNATURE: <i>Heli Del Santo</i> Heli Del Santo	4-20-05 (561) 523-1119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #