

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90043 049 ****50.00

DOCUMENT # L04000044442

1. Entity Name
J.G. FITNESS, L.L.C.



Principal Place of Business
201 NORTH U.S. HWY 1, SUITE 6C
JUPITER, FL 33477

Mailing Address
201 NORTH U.S. HWY 1, SUITE 6C
JUPITER, FL 33477

20020626



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03162006 Chg-LLC CR2E083 (11/05)

4. FEI Number

13-4260942

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EAVENSON, BRADLEY B
% WATTERSON, HYLAND & FLEMING, P.A.
4100 RCA BLVD., SUITE 100
PALM BEACH GARDENS, FL 33410

Name
EAVENSON, BRADLEY B

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

18 KOHL & TANZER PA
2055 S KANNER HWY

City
STUART

FL

Zip Code
34994

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]

(NOTE: Registered Agent signature required when reinstating)

03/16/06

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
J.G. FITNESS, L.L.C.
201 N. US HIGHWAY #1 SUITE C-6
JUPITER, FL 33477 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEMR
JEFFREY H. GOLDMITH
201 N US HWY 1, C-6
JUPITER FL 33477 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03/16/06 561-743-3700

Date

Daytime Phone #