
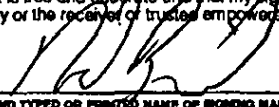


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 14, 2005 8:00 am
Secretary of State

08-01-2005 90093 011 ****50.00

| | | | | | | |
|---|--------------------------------------|--|--|---|---|--|
| DOCUMENT # L04000052451 1. Entity Name RIO FITNESS, LLC | | | |  | | |
| Principal Place of Business 599 SW 2ND AVENUE FORT LAUDERDALE, FL 33301 | | | Mailing Address 599 SW 2ND AVENUE FORT LAUDERDALE, FL 33301 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | |
| City & State | | City & State | | | | |
| Zip | Country | Zip | Country | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | |
| ZWICK, DAVID A 599 SW 2ND AVENUE FORT LAUDERDALE, FL 33301 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | | |
| 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 | MGRM <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ZWICK, DAVID A | | | NAME | | |
| STREET ADDRESS | 599 SW 2ND AVENUE | | | STREET ADDRESS | | |
| CITY - ST - ZIP | FORT LAUDERDALE, FL 33309 | | | CITY - ST - ZIP | | |
| TITLE | MGRM <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CHAMBLISS, HUNTER | | | NAME | | |
| STREET ADDRESS | 599 SW 2ND AVENUE | | | STREET ADDRESS | | |
| CITY - ST - ZIP | FORT LAUDERDALE, FL 33309 | | | CITY - ST - ZIP | | |
| TITLE | MGRM <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SIKES, BRITT | | | NAME | | |
| STREET ADDRESS | 599 SW 2ND AVENUE | | | STREET ADDRESS | | |
| CITY - ST - ZIP | FORT LAUDERDALE, FL 33309 | | | CITY - ST - ZIP | | |
| TITLE | MGRM <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GUERIN, SEAN | | | NAME | | |
| STREET ADDRESS | 599 SW 2ND AVENUE | | | STREET ADDRESS | | |
| CITY - ST - ZIP | FORT LAUDERDALE, FL 33309 | | | CITY - ST - ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | |
| STREET ADDRESS | | | | | | |
| CITY - ST - ZIP | | | | | | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | |
| STREET ADDRESS | | | | | | |
| CITY - ST - ZIP | | | | | | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  | | | | Date: 2/26/05 Daytime Phone #: 954-205-2555 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | | |