

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060472

Entity Name: SILHOUETTES FITNESS, LLC

FILED  
Apr 13, 2006  
Secretary of State

**Current Principal Place of Business:**

587 EAST GULF TO LAKE HIGHWAY  
LECANTO, FL 34461

**New Principal Place of Business:**

**Current Mailing Address:**

587 EAST GULF TO LAKE HIGHWAY  
LECANTO, FL 34461

**New Mailing Address:**

FEI Number: 86-1113472

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HENSLEY, JESSICA  
2157 NORTH REYNOLDS AVENUE  
CRYSTAL RIVER, FL 34428 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BILLIQ, TARA  
Address: 8216 WEST WOODBURY COURT  
City-St-Zip: CRYSTAL RIVER, FL 344287

Title: MGRM ( ) Delete  
Name: HENSLEY, JESSICA  
Address: 2157 N. REYNOLDS AVE.  
City-St-Zip: CRYSTAL RIVER, FL 34428

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BILLIG, TARA  
Address: 8216 WEST WOODBURY COURT  
City-St-Zip: CRYSTAL RIVER, FL 344287

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: JESSICA HENSLEY

MGRM

04/13/2006

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