

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000060685 1. Entity Name 50 PLUS FITNESS CENTER LLC					
Principal Place of Business 8634 SAWPINE ROAD DELRAY BEACH FL 33446		Mailing Address 8634 SAWPINE ROAD DELRAY BEACH FL 33446			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1497336	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MAZZOLA, CHRISTOPHER 8634 SAWPINE ROAD DELRAY BEACH FL 33446				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAZZOLA, CHRISTOPHER 8634 SAWPINE ROAD DELRAY BEACH FL 33446	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000743940 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/15/07-80128-019 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAZZOLA, SHARON 8634 SAWPINE ROAD DELRAY BEACH FL 33446	<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 exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____