


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90046 027 \*\*\*\*\*50.00

<b>DOCUMENT # L04000064819</b>					
<b>1. Entity Name</b> TOP TO BOTTOM WOMENS FITNESS CENTER L.L.C.					
<b>Principal Place of Business</b> 4383LYNX PAW VALRICO, FL 33594 US			<b>Mailing Address</b> 226 BROCKFIELD DR. NO. SUN CITY CENTER, FL 33573 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 74-312 9925	
Zip		Country		Zip	
Country		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
ROBERTS, DENNIS J 226 BROCKFIELD DR. NO. SUN CITY CENTER, FL 33573			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State <b>FL</b> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when re-registering)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to: Florida Department of State</b>		
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBERTS, JANICE T 226 BROCKFIELD DR. NO. SUNCITY CENTER, FL 33573	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>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.</b>			<b>SIGNATURE:</b> <i>Janice Robert</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <b>5-2-05</b>		
			Daytime Phone # <b>813-657-5710</b>		