

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065355

FILED
Jul 21, 2006
Secretary of State

Entity Name: NATURAL SELECTION STRENGTH AND FITNESS SYSTEMS, LLC

Current Principal Place of Business:

9629 BAY HARBOR CIRCLE UNIT 201
FORT MYERS, FL 33919

New Principal Place of Business:

17564 PHLOX DRIVE
FORT MYERS, FL 33912

Current Mailing Address:

9629 BAY HARBOR CIRCLE UNIT 201
FORT MYERS, FL 33919

New Mailing Address:

17564 PHLOX DRIVE
FORT MYERS, FL 33912

FEI Number: 11-3725689 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LIAS, MICHAEL
9629 BAY HARBOR CIRCLE UNIT 201
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

LIAS, MICHAEL
17564 PHLOX DRIVE
FORT MYERS, FL 33912 US

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:

07/21/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LIAS, MICHAEL
Address: 9629 BAY HARBOR CIRCLE UNIT 201
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LIAS, MICHAEL
Address: 17564 PHLOX DRIVE
City-St-Zip: FORT MYERS, FL 33912

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: MICHAEL LIAS

MGRM

07/21/2006

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