


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90099 029 ****50.00

DOCUMENT # L04000072269	
1. Entity Name BODYELITE TOTAL FITNESS, LLC	

Principal Place of Business 7825 HOLIDAY DRIVE- SARASOTA FL 34231 US	Mailing Address 7825 HOLIDAY DRIVE SARASOTA FL 34231 US
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2. Principal Place of Business 4751 Village Gardens Dr.	3. Mailing Address 4751 Village Gardens Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.




1st MOORE CR2E083 (10/04)

City & State Sarasota, FL	City & State SARASOTA, FL
Zip 34234	Zip 34234
Country usa	Country usa

4. FEI Number 20-1716513	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent O'BRIEN, PATRICIA 7825 HOLIDAY DRIVE SARASOTA FL 34231	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 4751 Village Gardens Drive	
City Sarasota	FL Zip Code 34234

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 	Patricia L. O'Brien	2/14/05
Signature, typed or printed name of registered agent and title if applicable		DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'BRIEN, PATRICIA 7825 HOLIDAY DRIVE SARASOTA FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATRICIA L. O'BRIEN 4751 Village Gardens Drive Sarasota, FL 34234 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: 	2/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #