

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073277

FILED  
Jan 16, 2006  
Secretary of State

**Entity Name:** IT'S MY TIME FITNESS CENTER - LUTZ, LLC

**Current Principal Place of Business:**

19125 AUTUMN WOODS AVENUE  
TAMPA, FL 33647 US

**New Principal Place of Business:**

**Current Mailing Address:**

19125 AUTUMN WOODS AVENUE  
TAMPA, FL 33647 US

**New Mailing Address:**

**FEI Number:** 20-1746920

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HICKS, ALLISON ESQ.  
3550 BUSCHWOOD PARK DRIVE  
SUITE 320  
TAMPA, FL 33618 US

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

STEPHEN, FLANNERY  
19125 AUTUMN WOODS AVE  
TAMPA, FL 33647 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: STEPHEN FLANNERY

01/16/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BANKS, LORRAINE  
Address: 3150 CASTLE ROCK CIRCLE  
City-St-Zip: LAND O' LAKES, FL 34639 US

Title: MGRM ( ) Delete  
Name: COYOTE CALL ENTERPRI, SES, INC.  
Address: 19125 AUTUMN WOODS AVENUE  
City-St-Zip: TAMPA, FL 33647 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: STEPHEN FLANNERY

PRES

01/16/2006

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