

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075185

FILED
Aug 21, 2007
Secretary of State

Entity Name: AHF WINDOVER HEALTH CLUB, LLC

Current Principal Place of Business:

1310 N. WHITE CHAPEL BLVD.
SOUTHLAKE, TX 76092 US

New Principal Place of Business:

Current Mailing Address:

1310 N. WHITE CHAPEL BLVD.
SOUTHLAKE, TX 76092 US

New Mailing Address:

FEI Number: 51-0517896 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:

Name and Address of New Registered Agent:

NEAL, A.R.
911 CHESTNUT STREET
CLEARWATER, FL 33756 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WHALEY, RICHARD
Address: 1105 SCHROCK ROAD, SUITE 206
City-St-Zip: COLUMBUS, OH 43229 US

Title: MGR () Delete
Name: FRENCH, DANIEL B
Address: 210 PARK BOULEVARD, SUITE 112
City-St-Zip: GRAPEVINE, TX 76051 US

Title: MGR () Delete
Name: SALAIZ, JAMES
Address: 245 AVANT
City-St-Zip: SAN ANTONIO, TX 78210 US

Title: MGR () Delete
Name: JONES, ALTON
Address: 3228 S.W. MARTIN DOWNS BLVD., SUITE 5
City-St-Zip: PALM CITY, FL 34990 US

Title: MGR (X) Delete
Name: GARZA, SYLVIA
Address: 6829 EVERHARD DRIVE
City-St-Zip: CORPUS CHRISTI, TX 78413 US

ADDITIONS/CHANGES:

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

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

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

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 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: CAROL J. MCBRIDE

CPA

08/21/2007

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