2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075185

Entity Name: AHF WINDOVER HEALTH CLUB, LLC

3228 S.W. MARTIN DOWNS BLVD., SUITE 5

PALM CITY, FL 34990 US

Address:

City-St-Zip:

FILED Apr 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1310 N. WHITE CHAPEL BLVD SOUTHLAKE, TX 76092 **Current Mailing Address: New Mailing Address:** 1310 N. WHITE CHAPEL BLVD SOUTHLAKE, TX 76092 FEI Number: 51-0517896 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: 911 CHESTNUT STREET US CLEARWATER, FL 33756 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete WHALEY, RICHARD Name: Name: Address: 1105 SCHROCK ROAD, SUITE 206 Address: City-St-Zip: COLUMBUS, OH 43229 US City-St-Zip: Title: MGR () Delete Title: MGR (X) Change () Addition Name: FRENCH, DANIEL B Name: FRENCH, DANIEL B Address: 210 PARK BOULEVARD, SUITE 112 Address: 1310 N. WHITE CHAPEL BLVD. City-St-Zip: GRAPEVINE, TX 76051 US City-St-Zip: SOUTHLAKE, TX 76092 US Title: MGR () Delete Title: () Change () Addition JONES, ALTON Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: CAROL MCBRIDE SECR 04/24/2009