
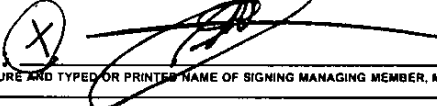


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90190 003 ****50.00

DOCUMENT # L04000081927 1. Entity Name BOCA FITNESS MANAGEMENT, LLC					
Principal Place of Business 23182 SANDALFOOT PLAZA DRIVE BOCA RATON, FL 33428 US			Mailing Address 13300 SW 128TH STREET MIAMI, FL 33186 US		
2. Principal Place of Business 7329 N. STATE ROAD 7		3. Mailing Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01162006 Chg-LLC CR2E083 (11/05)	
City & State PARKLAND, FL		City & State 		4. FEI Number 20-1896391	
Zip 33073		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VALLADARES, ALEX 13300 SW 128TH STREET MIAMI, FL 33186				7. Name and Address of New Registered Agent Name 	
				Street Address (P.O. Box Number is Not Acceptable) 	
				City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FITNESS CLUBS OF AMERICA, LLC 13300 SW 128TH STREET MIAMI, FL 33186		<input type="checkbox"/> Delete		<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"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. ALEXANDER VALLADARES 13300 SW 128 ST. MIAMI, FL 33186		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 				Date 2/8/06 Daytime Phone # 305-971-2050	