2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007
Secretary of State

DOCUMENT# L04000083277

Entity Name: THRIVE FITNESS, LLC

Current Principal Place of Business:

185 S. WESTMONTE DRIVE, SUITE 1208
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

185 S. WESTMONTE DRIVE, SUITE 1208
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 26-0100983 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEAN MEAD SERVICES, LLC
800 N. MAGNOLIA AVENUE, SUITE 1500
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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: MGRM ( ) Delete
Name: THORNE, HELEN D MS.
Address: 380 S. SR 434, STE 1004-316
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FLEMING, DAVID M
Address: 185 S. WESTMONTE DRIVE, SUITE 1208
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: DAVID FLEMING MGRM 03/06/2007

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