

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000092934

FILED
May 01, 2009
Secretary of State

Entity Name: FITSOURCE OF OKEECHOBEE, LLC

Current Principal Place of Business:

3505 WEST 20TH AVENUE
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

12216 SW 132 CT
MIAMI, FL 33186

New Mailing Address:

FEI Number: 51-0532035 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

LIFESTYLE FITNESS LLC
12216 SW 132 CT
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

MARCUS, ALANK K ESQ
12216 SW 132 CT
MIAMI, FL 33186 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: ALAN K MARCUS

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FITSOURCE MANAGEMENT & CONSULTING INC
Address: 15310 SW 8 WAY
City-St-Zip: MIAMI, FL 33194

Title: MGRM () Delete
Name: GCG MANAGEMENT LLC
Address: 8701 SW 110 ST
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: YTM EMPIRE HOLDINGS
Address: 15310 SW 8 WAY
City-St-Zip: MIAMI, FL 33194

Title: MGRM (X) Change () Addition
Name: CGA EMPIRE HOLDINGS
Address: 8701 SW 110 ST
City-St-Zip: MIAMI, FL 33176

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: YAMIN MENESES

CFO

05/01/2009

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