

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003309

FILED  
May 09, 2008  
Secretary of State

Entity Name: BODYTRAC HEALTH & FITNESS, LLC

## Current Principal Place of Business:

3610-2 SHAMROCK WEST  
SUITE 2  
TALLAHASSEE, FL 32309 US

## New Principal Place of Business:

## Current Mailing Address:

3911 FORSYTHE WAY  
TALLAHASSEE, FL 32309 US

## New Mailing Address:

3610 SHAMROCK WEST  
2  
TALLAHASSEE, FL 32309 US

FEI Number: 20-2145248      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:

ALEXANDER, CHRIS R  
3911 FORSYTHE WAY  
TALLAHASSEE, FL 32309 US

## Name and Address of New Registered Agent:

WILKENS, STEVEN A  
3228 WHITNEY DRIVE EAST  
TALLAHASSEE, FL 32309 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: STEVEN WILKENS

05/09/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: WILKENS, STEVEN A  
Address: 3228 WHITNEY DRIVE EAST  
City-St-Zip: TALLAHASSEE, FL 323093649 US

Title: MGRM (X) Delete  
Name: ALEXANDER, CHRIS R  
Address: 3911 FORSYTHE WAY  
City-St-Zip: TALLAHASSEE, FL 323093601 US

Title: MGR ( ) Delete  
Name: WILKENS, PAUL L  
Address: 4044 KILMARTIN DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: MGR ( ) Delete  
Name: WEBER, ERIC R  
Address: 3916 LEANE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309 UD

## 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:

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: STEVEN WILKENS

MGMR

05/09/2008

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