

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000011474

FILED  
May 09, 2007  
Secretary of State

**Entity Name:** NORA FITNESS & AQUATICS, LLC

**Current Principal Place of Business:**

220 GALWAY DRIVE  
NICEVILLE, FL 32578 US

**New Principal Place of Business:**

2018 HOBBYHORSE AVE.  
HENDERSON, NV 89012 US

**Current Mailing Address:**

220 GALWAY DRIVE  
NICEVILLE, FL 32578 US

**New Mailing Address:**

2018 HOBBYHORSE AVE.  
HENDERSON, NV 89012 US

**FEI Number:** 11-3742535      **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:**

CLEMENTS, NORA E  
220 GALWAY DRIVE  
NICEVILLE, FL 32578 US

**Name and Address of New Registered Agent:**

CLEMENTS, NORA E  
220 GALWAY DR.  
NICEVILLE, FL 32578 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: \_\_\_\_\_

05/09/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CLEMENTS, NORA E  
Address: 220 GALWAY DRIVE  
City-St-Zip: NICEVILLE, FL 32578 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CLEMENTS, NORA E  
Address: 2018 HOBBYHORSE AVE.  
City-St-Zip: HENDERSON, NV 89012 US

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: NORA E.CLEMENTS

MGRM

05/09/2007

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