

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90069 035 \*\*\*138.75

60003590



01162008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000018126			
1. Entity Name FIT FOR LIFE OF CENTRAL FLORIDA LLC			
Principal Place of Business 700 MELROSE AVE, APT D-4 WINTER PARK, FL 32789		Mailing Address 700 MELROSE AVE, APT D-4 WINTER PARK, FL 32789	
2. Principal Place of Business - No P.O. Box # 855 E SR 434		3. Mailing Address 855 E SR 434	
Suite, Apt. #, etc. SUITE 1137		Suite, Apt. #, etc. SUITE 1137	
City & State WINTER SPRINGS FL		City & State WINTER SPRINGS FL	
Zip 32708	Country	Zip 32708	Country
4. FEI Number 20-3095449		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FRANZO, THERESA 700 MELROSE AVE, APT D-4 WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 855 E SR 434 SUITE 1137 City WINTER SPRINGS FL Zip Code 32708	
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANZO, THERESA 700 MELROSE AVE, APT D-4 WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	855 E SR 434, SUITE 1137 WINTER SPRINGS FL 32708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANZO, EVELYN 700 MELROSE AVE, APT D-4 WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	855 E SR 434, SUITE 1137 WINTER SPRINGS FL 32708 <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"/> 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"/> 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"/> 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"/> 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 <u>Evelyn Franco - Managing Member</u>		Date <u>1/22/08</u> / 407-327-6464	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	