

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 06, 2006 8:00 am
Secretary of State

06-06-2006 90059 011 ****50.00

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DOCUMENT # L05000021129 1. Entity Name REAL LIFE FITNESS L.L.C.					
Principal Place of Business 1625 NORTH CONGRESS AVENUE APT# 225 WEST PALM BEACH, FL 33401-1729			Mailing Address 1625 NORTH CONGRESS AVENUE APT# 225 WEST PALM BEACH, FL 33401-1729		
2. Principal Place of Business Suite, Apt., #, etc.			3. Mailing Address Suite, Apt., #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MELVA ROZIER, P.A. 2919 NORTH MILITARY TRAIL SUITE E, BOX 260 WEST PALM BEACH, FL 33409				7. Name and Address of New Registered Agent Name Venton T. Oliver Street Address (P.O. Box Number is Not Acceptable) 1625 N. CONG. AVE. # 225 City West Palm Beach FL Zip Code 33401	
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 Venton Tyrone Oliver Venton T. Oliver 05/27/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OLIVER, VENTON T 1625 NORTH CONGRESS AVE, APT #225 WEST PALM BEACH, FL 334011729	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLARK, SADIE 1625 NORTH CONGRESS AVE, APT # 225 WEST PALM BEACH, FL 334011729	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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>Venton T. Oliver</u> <u>05/27/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					