2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006
Secretary of State

DOCUMENT# L05000033259

Entity Name: HEALIS FITNESS MIAMI LAKES, LLC

Current Principal Place of Business:

7735 NW 146 STREET
SUITE 100
MIAMI LAKES, FL 33016

New Principal Place of Business:

Current Mailing Address:

7735 NW 146 STREET
SUITE 100
MIAMI LAKES, FL 33016

New Mailing Address:

FEI Number: 20-2776172 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ATTONG, HEATHER B
18001 OLD CUTLER ROAD
SUITE 368
PALMETTO BAY, FL 33157 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	ATTONG, HEATHER B	
Address:	18001 OLD CUTLER ROAD, SUITE 368	
City-St-Zip:	PALMETTO BAY, FL 33157	
Title:	MGRM	( ) Delete
Name:	GALVEZ, LISA M	
Address:	18001 OLD CUTLER ROAD, SUITE 368	
City-St-Zip:	PALMETTO BAY, FL 33157	
Title:	MGRM	( ) Delete
Name:	ARCIA, OMAR	
Address:	7735 NW 146 STREET, SUITE 100	
City-St-Zip:	MIAMI LAKES, FL 33016	

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:	

I hereby certify that the information supplied with this filing does not qualify for the 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: HEATHER ATTONG MGRM 04/21/2006

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