

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90368 047 \*\*\*\*50.00

**DOCUMENT # L05000037208**

1. Entity Name  
**FUN FITNESS FACTORY LLC**



Principal Place of Business  
**4591 SECRETARIAT RUN  
BROOKSVILLE, FL 34609 US**

Mailing Address  
**4591 SECRETARIAT RUN  
BROOKSVILLE, FL 34609 US**

**40113554**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**1285 KASS CIRCLE**

**AS ABOVE**

04052007 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**SPRING HILL**

4. FEI Number  
**65-1248310**

Applied For  
Not Applicable

Zip Country  
**34606 HERNANDO**

Zip Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELLIOTT, KEITH  
4591 SECRETARIAT RUN  
BROOKSVILLE, FL 34609**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Keith Elliott*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME ELLIOTT, KEITH  
STREET ADDRESS 4591 SECRETARIAT RUN  
CITY-ST-ZIP BROOKSVILLE, FL 34609

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME ELLIOTT, NANCY J  
STREET ADDRESS 4591 SECRETARIAT RUN  
CITY-ST-ZIP BROOKSVILLE, FL 34609

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Keith Elliott*

**5.9.07**

**352 683 9048**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

ATTACHMENT 40113554

My apologies for lateness. #L05000037208

I have just received this document  
from my attorneys.

Thank you

Kerth Christ

OWNER