

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000037208

FILED
Apr 17, 2009
Secretary of State

Entity Name: FUN FITNESS FACTORY LLC

Current Principal Place of Business:

1285 KASS CIRCLE
SPRING HILL, FL 34606 US

New Principal Place of Business:

1287 KASS CIRCLE
SPRING HILL, FL 34606 US

Current Mailing Address:

4591 SECRETARIAT RUN
BROOKSVILLE, FL 34609 US

New Mailing Address:

1287 KASS CIRCLE
SPRING HILL, FL 34606 US

FEI Number: 65-1248310

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLIOTT, KEITH
4591 SECRETARIAT RUN
BROOKSVILLE, FL 34609 US

Name and Address of New Registered Agent:

ELLIOTT, KEITH
1027 ORCA CT
HOLIDAY, FL 34691 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: KEITH ELLIOTT

04/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ELLIOTT, KEITH
Address: 4591 SECRETARIAT RUN
City-St-Zip: BROOKSVILLE, FL 34609 US

Title: MGRM () Delete
Name: ELLIOTT, NANCY J
Address: 4591 SECRETARIAT RUN
City-St-Zip: BROOKSVILLE, FL 34609 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ELLIOTT, KEITH
Address: 1027 ORCA CT
City-St-Zip: HOLIDAY, FL 34691 US

Title: MGRM (X) Change () Addition
Name: ELLIOTT, NANCY J
Address: 1027 ORCA CT
City-St-Zip: HOLIDAY, FL 34691 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: KEITH ELLIOTT

MGRM

04/17/2009

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