


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2007 8:00 am
Secretary of State

01-18-2007 90016 032 ****50.00

DOCUMENT # L05000053973	
1. Entity Name GYMDOORS FLORIDA, L.L.C.	

Principal Place of Business 522 SOUTH HUNT CLUB BLVD 403 APOPKA, FL 32703	Mailing Address 685 E. JERICHO TURNPIKE HUNTINGTON STATION, NY 11746
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DO NOT WRITE IN THIS SPACE



01102007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 02-0744547	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BABURAM, CLEMENT 522 SOUTH HUNT CLUB BLVD 403 APOPKA, FL 32703
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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 _____
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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLE, STEPHEN 1850 SMOKE TREE CIRCLE APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLE, FRED 1850 SMOKE TREE CIRCLE APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Frederick Cole* 1/10/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #