

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

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



02132008 No Chg-LLC      CR2E083 (12/07)

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

6. Name and Address of Current Registered Agent

BABURAM, CLEMENT  
522 SOUTH HUNT CLUB BLVD  
403  
APOPKA, FL 32703

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

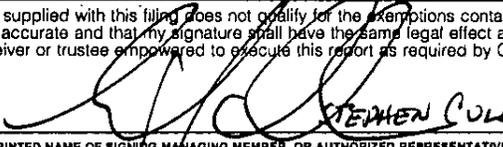
000000832066  
02/27/08-80043-024 138.75

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
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**DO NOT WRITE IN THIS SPACE**

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: X  STEPHEN COLE      2/13/08      \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #