2007 LIMITED LIABILITY COMPANY ANNUAL REPORT **DOCUMENT # L05000090606** 1. Entity Name KL FITNESS, L.L.C. Mailing Address Principal Place of Business 128 SW 28TH STREET CAPE CORAL, FL 33914 US 128 SW 28TH STREET CAPE CORAL, FL 33914 US DO NOT WRITE IN THIS SPACE

FILED
Sep 14, 2007 08:00 AN
Secretary of State



09052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	I.	Applied For
20-3466536		Not Applicable
	 \$5.00	Additional

DO NOT WRITE IN THIS SPACE		4. FEI Number 20-3466536	Applied For Not Applicable		
			5. Certificate of Status Des	ired	\$5.00 Additional Fee Required
	6. Name and Address of Current Registered Agent				
	E, KEVIN BTH STREET RAL, FL 33914		DO NOT IN THIS		
	named entity submits this statement for the purpose of changing its rions of registered agent.	I egistered office or re	gistered egent, or both, in the State	of Florida. Te	em familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Registered Agent signature re	equired when reinstating)	DAT	E
	ling Fee is \$50.00 by September 14, 2007				
9.	MANAGING MEMBERS/MANAGERS		 		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LACOURTE, KEVIN 128 SW 28TH STREET CAPE CORAL, FL 33914				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00(09/14/)0077403)7-80004	4 -003 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT	WRI	ΓΕ
TITLE NAME STREET ADDRESS CITY-ST-ZIP		:	IN THIS	SPAC	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. I hereby	certify that the information supplied with this filing does not qualify for on this report is true and accurate and that my signature shall have	r the exemptions cor the same legal effec	ntained in Chapter 119, Florida Statt as if made under oath; that I am	tutes. I further	certify that the information 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.

SIGNATU	IDE.
SIGNALL	JRE.

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

Dete

Devtime Phone #