

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000094545

FILED  
Apr 01, 2006  
Secretary of State

Entity Name: FIT FAMILY NUTRITION LLC

**Current Principal Place of Business:**

1443 S.W. 13TH CT  
FORT LAUDERDALE, FL 33312 US

**New Principal Place of Business:**

1515 S.W. 15TH AVE  
FORT LAUDERDALE, FL 33312 US

**Current Mailing Address:**

1515 S.W. 15TH AVE  
FORT LAUDERDALE, FL 33312 US

**New Mailing Address:**

FEI Number: 20-3581073      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MATSOFF, CHARLES H  
1443 S.W. 13TH CT.  
FORT LAUDERDALE, FL 33312 US

**Name and Address of New Registered Agent:**

MARKS, DONALD M  
1515 SW 15TH AVE  
FORT LAUDERDALE, FL 33312 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: DONALD M. MARKS

04/01/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MARKS, DONALD  
Address: 1515 S.W. 15TH AVE.  
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: MGR ( ) Delete  
Name: CHARLES, MATSOFF H  
Address: 1443 S.W. 13TH CT  
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: MGRM ( ) Delete  
Name: ANGELA, MATSOFF M  
Address: 1443 S.W. 13TH CT  
City-St-Zip: FORT LAUDERDALE, FL 33312 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DONALD M. MARKS

MGRM

04/01/2006

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