## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 10, 2006 8:00 am Secretary of State

DOCUMENT # L05000096298  1. Entity Name ACTIVE FIT, LLC					05-10-2006 90018 042 ***150.00			
Principal Place of Business Mailing Address					20045583			
2800 ISLAND BLVD #2805 AVENTURA, FL 33160		2800 ISLAND BLVD #2805 AVENTURA, FL 33160						
2. Principal F	Place of Business	3. Mailing Address		-				
		Science Ann. H. etc.			FM1911 M33111 M M1111 MM3311 M & 111	† BOI?D   D  D   D\$  D    B\$D   D\$ D  1	<b>                                   </b>	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04292006	Chg-LLC	CR2E083 (11/05)		
City & State		City & State		4. FEI Number	-394 255	A	oplied For	
Zip	Country	Zip Country			of Status Desired	\$5.00 Ad	ot Applicable ditional	
	6. Name and Address of Current F	Registered Agent	1			Address of New Re	Fee Require	ed
	o. Hame and Address of Guitem	legistered Agent	1	Vame	7. Haine and 7	Address of New A	egistered Agent	
HAUSMANN, FANNY 2800 ISLAND BLVD #2805 AVENTURA, FL 33160			S	Street Address (P.O. Box Number is Not Acceptable)				
	- ,, , ,							
				City	FL Zip Code			
8. The above the obligation	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered o	office or register	red agent, or both	n, in the State of Flo	rida. I am familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent ar	nd little if applicable. (NOTI	E: Registered Ag	ent signature required	I when reinstating)		DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2006				Make check payable to Florida Department of State			
9.	MANAGING MEMBER	L RS/MANAGERS	10.		l_	ADDITIONS/	CHANGES	
TITLE	MGRM	☐ Delete	TITLE		_		☐ Change	Addition
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	AVENTURA, FL 33160		STREET AL	I .				
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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 of the receiver of tustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

Daytime Phone #