

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 11, 2008 8:00 am
Secretary of State

08-11-2008 90027 011 ***138.75

DOCUMENT # L05000110665					
1. Entity Name GLOBAL FITNESS, LLC					
Principal Place of Business 1756 NORTH BAYSHORE DRIVE 19C MIAMI, FL 33132 US			Mailing Address 1756 NORTH BAYSHORE DRIVE 19C MIAMI, FL 33132 US		
2. Principal Place of Business - No P.O. Box # 73 Deer Creek Rd Suite, Apt. #, etc. # I-102 City & State Deerfield Beach FL Zip 33442 Country USA		3. Mailing Address 930 Town Center Dr. Suite, Apt. #, etc. # G-75 City & State Langhorne PA Zip 19047 Country USA		07172008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-2791608				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 SAMHOURI, KAREEM 1756 NORTH BAYSHORE DRIVE 19C MIAMI, FL 33132			7. Name and Address of New Registered Agent Name SAMHOURI, KAREEM Street Address (P.O. Box Number is Not Acceptable) 73 Deer Creek Rd #I-102 City Deerfield Beach FL Zip Code 33442		
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 8/11/08 <small>(NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAMHOURI, KAREEM F DPT 1756 NORTH BAYSHORE DRIVE #19C MIAMI, FL 33132	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAMHOURI, KAREEM DPT 73 Deer Creek Rd #I 102 Deerfield Beach FL 33442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:			8/11/08 305 962 6278		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

KAREEM SAMHOURI