## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 17, 2006 8:00 am Secretary of State

DOCUMENT # L05000112477  1. Entity Name PALM COAST GYMNASTICS, LLC				Suggi	04-17-2006	i 90039 025 ****5	50.00
Principal Place of Business 29 ENTERPRISE DRIVE BUNNELL, FL 32110		Mailing Address 29 ENTERPRISE DRIVE BUNNELL, FL 32110					
2. Principal Place of Business		3. Mailing Address P.O.Box 354611				The state of the s	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04032006	Chg-LLC	CR2E083 (11/05)	
City & State		City & State		4. FEI Numb	10064	<del></del>	plied For ot Applicable
Zip	Country	Zip 32135	Country	5. Certificate	of Status Desired	S5.00 Add Fee Required	
	6. Name and Address of Curren	t Registered Agent	Name	7. Name and	Address of New R	legistered Agent	
HESBEENS, KELLY D 29 ENTERPRISE DRIVE BUNNELL, FL 32137				(P.O. Box Number is Not Acceptable)			
			City			FL Zip Code	
	named entity submits this statement ions of registered agent.	for the purpose of changing its r	egistered office or regis	stered agent, or bo	oth, in the State of Flo	orida. I am familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agei	nt and title if applicable. (NOTE:	Registered Agent signature requ	ired when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2006					Make check payable to Florida Department of State		
Fi De	iling Fee is \$50.00 ue by May 1, 2006			:			<b>e</b>
9.	ue by May 1, 2006  MANAGING MEME		10.			a Department of State	-
Di	ue by May 1, 2006	BERS/MANAGERS  Delete	10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP		Florida	a Department of State	e
9THILE , NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MANAGING MEME MGRM HESBEENS, KELLY D 5 ELLIS PLACE PALM COAST, FL 32164 MGRM HESBEENS, RITA J 5 ELLIS PLACE		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Florida	a Department of State	-
9. ;TITLE , NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	MANAGING MEME  MGRM  HESBEENS, KELLY D  5 ELLIS PLACE  PALM COAST, FL 32164  MGRM  HESBEENS, RITA J	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		Florida	a Department of State / CHANGES  Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MANAGING MEME MGRM HESBEENS, KELLY D 5 ELLIS PLACE PALM COAST, FL 32164 MGRM HESBEENS, RITA J 5 ELLIS PLACE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Florida	CHANGES  Change	Addition
9. :TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEME MGRM HESBEENS, KELLY D 5 ELLIS PLACE PALM COAST, FL 32164 MGRM HESBEENS, RITA J 5 ELLIS PLACE	☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Florida	CHANGES Change	Addition Addition
9*TITLE , NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEME MGRM HESBEENS, KELLY D 5 ELLIS PLACE PALM COAST, FL 32164 MGRM HESBEENS, RITA J 5 ELLIS PLACE	Delete Delete Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ADDITIONS	Department of State CHANGES Change Change Change Change	Addition  Addition  Addition  Addition

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 a limited liability company or the receiver or truştee empowered to execute this report as required by Chapter 608, Florida Statutes.