

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90256 042 ****50.00

DOCUMENT # L05000118349					
1. Entity Name TAMPA BAY BOXING & FITNESS, LLC					
Principal Place of Business 22415 LADERA LANE LAND-O-LAKES, FL 34639			Mailing Address 22415 LADERA LANE LAND-O-LAKES, FL 34639		
2. Principal Place of Business - No P.O. Box # 13215 Memorial Hwy		3. Mailing Address 5438 Drexel Rd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TAMPA, FL		City & State Land o Lakes, FL		4. FEI Number 20-39-23000	
Zip 33635		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTIN, MIRTHA V CPA 420 SOUTH COUNTRY CLUB ROAD LAKE MARY, FL 32746		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME HARRISON, JOHN STREET ADDRESS 22415 LADERA LANE CITY-ST-ZIP LAND-O-LAKES, FL 34639	<input checked="" type="checkbox"/> Delete		TITLE MGRM NAME Cervinka, Jiri STREET ADDRESS 5438 Drexel Rd. CITY-ST-ZIP Land O Lakes 33639	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME CERVINKA, JIRI STREET ADDRESS 22415 LADERA LANE CITY-ST-ZIP LAND-O-LAKES, FL 34639	<input type="checkbox"/> Delete		TITLE MGRM NAME JESSICA, Cervinka STREET ADDRESS 5438 Drexel Rd. CITY-ST-ZIP Land O Lakes 33639	<input checked="" type="checkbox"/> Change <input checked="" 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	
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	
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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					