


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000018393 1. Entity Name CORE CONCEPTS PILATES STUDIO, LLC			
Principal Place of Business 1200 W. INDIANTOWN RD JUPITER, FL 33458		Mailing Address 717 WESTWIND DR. N. PALM BEACH, FL 33408	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 15143 89th Ave N. Suite, Apt. #, etc.	
City & State Zip		City & State Palm Beach Gardens Zip 33418	
4. EEI Number 01-0833829		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		07112007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent SICA, CARIANNE 1200 W. INDIANTOWN RD JUPITER, FL 33458		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 September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200109785512 09/21/07--01044--015 **50.00
NAME	SICA, CARIANNE	NAME	
STREET ADDRESS	1200 W. INDIANTOWN RD.	STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 33458	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Carianne Sica</i>		9/12/07 561-707-3332	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

FILED
07 SEP 17 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

