2008 LIMITED LIABILITY COMPANY ANNUAL RÉPORT

FILED Jan 14, 2008 08:00 AM DOCUMENT # L06000019957 **Secretary of State** 1. Entity Name BBD FITNESS, LLC Principal Place of Business Mailing Address 1120 WEST STATE ROAD 434 1120 WEST STATE ROAD 434 LONGWOOD, FL 32750 LONGWOOD, FL 32750 CR2E083 (12/07) 01032008 No Chg-LLC 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable \$5.00 Additional 5. Certificate of Status Desired KOLTUN, JEFFREY M DO NOT WRITE 557 NORTH WYMORE ROAD, SUITE 100 MAITLAND, FL 32751 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. TITLE MGRM DELHAR MANAGEMENT, LLC NAME STREET ADDRESS 300 HEATHERWOOD COURT CITY-ST-7IP WINTER SPRINGS, FL 32708 TITLE NAME STREET ADDRESS U000000784134 CITY-ST-ZIP *01/16/08-80044-003 1.43 And the medical fin TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 of the ecceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

TITLE NAME STREET ADDRESS CITY-ST-ZIP