

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000041706

FILED  
Sep 02, 2007  
Secretary of State

**Entity Name:** WAITE TRAINING & FITNESS LLC

**Current Principal Place of Business:**

10966 SW 82ND AVENUE  
OCALA, FL 34481

**New Principal Place of Business:**

**Current Mailing Address:**

10966 SW 82ND AVENUE  
OCALA, FL 34481

**New Mailing Address:**

FEI Number: 20-4946142      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

AGENTS AND CORPORATIONS, INC.  
300 FIFTH AVENUE SOUTH  
SUITE 101-330  
NAPLES, FL 34102 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WAITE, IAIN KEVIN  
Address: 10966 SW 82ND AVENUE  
City-St-Zip: Ocala, FL 34481

Title: MGR ( ) Delete  
Name: GARCIA, FRANCOISE  
Address: 10966 SW 82ND AVENUE  
City-St-Zip: Ocala, FL 34481

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: IAIN KEVIN WAITE

MGR

09/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date