2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L06000048553

STREET ADDRESS

CITY-ST-ZIP



FILED Apr 22, 2008 8:00 am Secretary of State

1. Entity Nam PILATES	POWERHOUSE & YOGA C	ENTER, LLC				04-22-2008	900970	18 ***14	3.73
Principal Place of Business Mailing Address 770 4TH AVE. NORTH 1144 DARLINGTON OAK DRIVE NE SUITE 101 ST. PETERSBURG, FL 33703 ST. PETERSBURG, FL 33703									TA A AA
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 235 ARLINGTON AVE N.									
Suite Apt. #, etc.		Suite, Apt. #, etc.			01092008	Chg-LLC	CR2E0	83 (12/06)	
City & State ST. PETERS BURG, FL.		City & State			4. FEI Numbe 20-4851				oplied For of Applicable
Zip	Country	Zip	Count	try		of Status Desired		\$5.00 Add	fitional
3370	6. Name and Address of Current R	legistered Agent	L		7. Name and	Address of New R			<u> </u>
		<u> </u>		Name					·
CAMILLE, RACIOPIO 1144 DARLINGTON OAK DRIVE NE				Street Address (P.O. Box Number is Not Acceptable)					
SI. PETE	RSBURG, FL 33703								
1				City			FL	Zip Cod	в
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or regis	stered agent, or both	n, in the State of Flo	rida. I am ta	amiliar with,	and accept
SIGNATURE .									
	Signature, typed or printed name of registered agent as	nd title if englicable (NOT)	C. Donner	d Agent signature requ					
		1	c. registere.		ared when reinstating)		DATE		
	NOW!!! FEE 13 \$138.75 y 1, 2008 Fee will be \$538.75		c. registere		ned when reinstating)		e check pa	ayable to ent of Stab	e
	NOW!!! FEE IS \$138.75		10.		ared when reinstating)		e check pa Departme	-	9
9.	NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75 MANAGING MEMBER		10.	:	ared when reinstating)	Florida	e check pa Departme	-	e Addition
9. TITLE	NOWILL FEE IS \$138.75 y 1, 2008 Fee will be \$538.75 MANAGING MEMBER MGR CAMILLE, RACIOPIO	RS/MANAGERS	10. Title	: E	ared when reinstabing)	Florida	e check pa Departme	ent of Stab	
9.	MANAGING MEMBER MGR CAMILLE, RACIOPIO 1144 DARLINGTON OAK DRIVE	RS/MANAGERS	10. Title Nami	:	ared when revisitability)	Florida	e check pa Departme	ent of Stab	
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP	NOWILL FEE IS \$138.75 y 1, 2008 Fee will be \$538.75 MANAGING MEMBER MGR CAMILLE, RACIOPIO	RS/MANAGERS Delete NE	10. Title Nami	E Et address St-Zip	ared when revisitability)	Florida	e check pa Departme	Change	Addition
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGR CAMILLE, RACIOPIO 1144 DARLINGTON OAK DRIVE ST. PETERSBURG, FL 33703	RS/MANAGERS	10. TITLE NAMI STREE CHY-	E ET ADDRESS -ST-ZIP	ared when revisitability)	Florida	e check pa Departme	ent of Stab	
9. IIILE NAME STREET ADDRESS CITY-SI-ZIP IIILE NAME STREET ADDRESS	MANAGING MEMBER MGR CAMILLE, RACIOPIO 1144 DARLINGTON OAK DRIVE ST. PETERSBURG, FL 33703 MGR ELAINE, SCHREIBER L 1144 DARLINGTON OAK DRIVE	RS/MANAGERS Delete Delete	10. HILE NAMI STREE CITY TITLE NAME STREE	E ET ADDRESS -ST-ZIP E ET ADDRESS	ared when revisitability)	Florida	e check pa Departme	Change	Addition
9. IIILE NAME STREET ADDRESS CITY-SI-ZIP ITTLE NAME	MANAGING MEMBER MGR CAMILLE, RACIOPIO 1144 DARLINGTON OAK DRIVE ST. PETERSBURG, FL 33703 MGR ELAINE, SCHREIBER L	RS/MANAGERS Delete Delete	10. HILE NAMI STREE CITY TITLE NAME STREE	E E ET ADDRESS -ST-ZIP	ared when revisitang)	Florida	e check pa Departme	Change	Addition
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	MANAGING MEMBER MGR CAMILLE, RACIOPIO 1144 DARLINGTON OAK DRIVE ST. PETERSBURG, FL 33703 MGR ELAINE, SCHREIBER L 1144 DARLINGTON OAK DRIVE	RS/MANAGERS Delete Delete	10. HILE NAMI STREE CHY TITLE NAME CHY TITLE TITLE TITLE TITLE TITLE	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	ared when revisitang)	Florida	e check pa Departme	Change	Addition
9. IIILE NAME STREET ADDRESS CITY-SI-ZIP IIILE NAME STREET ADDRESS CITY-SI-ZIP IIILE NAME IIILE NAME	MANAGING MEMBER MGR CAMILLE, RACIOPIO 1144 DARLINGTON OAK DRIVE ST. PETERSBURG, FL 33703 MGR ELAINE, SCHREIBER L 1144 DARLINGTON OAK DRIVE	RS/MANAGERS Delete Delete Delete NE	10. ITTLE NAME STREE CHY. ITTLE NAME STREE CHY. ITTLE NAME NAME	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS	ared when revisitang)	Florida	e check pa Departme	Change	Addition
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	MANAGING MEMBER MGR CAMILLE, RACIOPIO 1144 DARLINGTON OAK DRIVE ST. PETERSBURG, FL 33703 MGR ELAINE, SCHREIBER L 1144 DARLINGTON OAK DRIVE	RS/MANAGERS Delete Delete Delete NE	10. HITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE STREE	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	ared when revisitang)	Florida	e check pa Departme	Change	Addition
9. IIILE NAME STREET ADDRESS CITY-SI-ZIP ITILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MANAGING MEMBER MGR CAMILLE, RACIOPIO 1144 DARLINGTON OAK DRIVE ST. PETERSBURG, FL 33703 MGR ELAINE, SCHREIBER L 1144 DARLINGTON OAK DRIVE	RS/MANAGERS Delete Delete Delete NE	10. HITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE STREE	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E EL ADDRESS -ST-ZIP	ared when revision()	Florida	e check pa Departme	Change	Addition
9. IIILE NAME STREET ADDRESS CITY-SI-ZIP IIILE NAME	MANAGING MEMBER MGR CAMILLE, RACIOPIO 1144 DARLINGTON OAK DRIVE ST. PETERSBURG, FL 33703 MGR ELAINE, SCHREIBER L 1144 DARLINGTON OAK DRIVE	RS/MANAGERS Delete Delete Delete Delete	10. HITLE NAME STREE CHY. HITLE NAME STREE CHY. HITLE NAME STREE CHY. HITLE NAME NAME NAME NAME NAME	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E EL ADDRESS -ST-ZIP E EL ADDRESS -ST-ZIP	ared when revisitang)	Florida	e check pa Departme	Change	Addition Addition Addition
9. IIILE NAME STREET ADDRESS CITY-SI-ZIP IIILE NAME STREET ADDRESS	MANAGING MEMBER MGR CAMILLE, RACIOPIO 1144 DARLINGTON OAK DRIVE ST. PETERSBURG, FL 33703 MGR ELAINE, SCHREIBER L 1144 DARLINGTON OAK DRIVE	RS/MANAGERS Delete Delete Delete Delete	10. HITLE NAME STREE CITY. TITLE NAME STREE CITY. TITLE NAME STREE CITY. TITLE NAME STREE NAME STREE	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E EI ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	ared when revision()	Florida	e check pa Departme	Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP	MANAGING MEMBER MGR CAMILLE, RACIOPIO 1144 DARLINGTON OAK DRIVE ST. PETERSBURG, FL 33703 MGR ELAINE, SCHREIBER L 1144 DARLINGTON OAK DRIVE	RS/MANAGERS Delete Delete Delete Delete Delete	10. HITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME CITY	E ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP E H ADDRESS -ST-ZIP E ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	ared when revision()	Florida	e check pa Departme	Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	MANAGING MEMBER MGR CAMILLE, RACIOPIO 1144 DARLINGTON OAK DRIVE ST. PETERSBURG, FL 33703 MGR ELAINE, SCHREIBER L 1144 DARLINGTON OAK DRIVE	RS/MANAGERS Delete Delete Delete Delete	10. HITLE NAME STREE CHY TITLE NAME STREE CHY TITLE NAME STREE CHY TITLE NAME STREE CHY TITLE NAME STREE CHY	E ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP E LI ADDRESS -ST-ZIP E LI ADDRESS -ST-ZIP E ST-ZIP	ared when revision()	Florida	e check pa Departme	Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP	MANAGING MEMBER MGR CAMILLE, RACIOPIO 1144 DARLINGTON OAK DRIVE ST. PETERSBURG, FL 33703 MGR ELAINE, SCHREIBER L 1144 DARLINGTON OAK DRIVE	RS/MANAGERS Delete Delete Delete Delete Delete	10. HITLE NAME STREE CHY.	E ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP E LI ADDRESS -ST-ZIP E LI ADDRESS -ST-ZIP E ST-ZIP	ared when revisitang)	Florida	e check pa Departme	Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	MANAGING MEMBER MGR CAMILLE, RACIOPIO 1144 DARLINGTON OAK DRIVE ST. PETERSBURG, FL 33703 MGR ELAINE, SCHREIBER L 1144 DARLINGTON OAK DRIVE	RS/MANAGERS Delete Delete Delete Delete Delete	10. HITLE NAME STREE CHY. TITLE NAME STREE CHY. TITLE NAME STREE CHY. TITLE NAME STREE CHY. TITLE NAME STREE CHY.	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E LI ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	ared when revisitang)	Florida	e check pa Departme	Change Change	Addition Addition 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

ANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #