2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
02-09-2007 90069 032 ****55.00

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1. Entity Name
SLYM FITNESS LLC

Principal Place of Business	Mailing Address
6629 US HWY 19 NEW PORT RICHEY, FL 34652	1168 LAZY LAKE RD E DUNEDIN, FL 34698

02062007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. SUITE #6629	Suite, Apt. #, etc.
City & State	City & State
Zip / Country PASCO	Zip / Country PINELLAS

4. FEI Number 20-4882871 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MATTICE, SHARON 1168 LAZY LAKE RD E DUNEDIN, FL 34698	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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATTICE, SHARON 1168 LAZY LAKE RD. E. DUNEDIN, FL 34698	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YVONNE FICHTER 1168 LAZY LAKE RD E DUNEDIN, FL 34698	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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] SHARON L. MATTICE 1/1/07 727 7361151 727 8438400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #