

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000073456

Entity Name: PILATES OF BOCA EAST, LLC

FILED
Jan 21, 2007
Secretary of State

Current Principal Place of Business:

9704 CLINT MOORE ROAD SUITE A-109
BOCA RATON, FL 33496

New Principal Place of Business:

3253 NORTH FEDERAL HIGHWAY
BOCA RATON, FL 33431

Current Mailing Address:

9704 CLINT MOORE ROAD SUITE A-109
BOCA RATON, FL 33496

New Mailing Address:

3253 NORTH FEDERAL HIGHWAY
BOCA RATON, FL 33431

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SETH E. ELLIS, P.A.
2385 EXECUTIVE CENTER DRIVE
SUITE 190
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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: PILATES BY STEFANIE,, INC.
Address: 2385 EXECUTIVE CENTER DRIVE SUITE 190
City-St-Zip: BOCA RATON, FL 33431

Title: MGR () Delete
Name: PILATES BY JONI, INC,
Address: 461 SE 18TH AVE.
City-St-Zip: DEERFIELD, FL 33441

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PILATES BY STEFANIE,, INC.
Address: 15580 GLENCREST AVE
City-St-Zip: DELRAY BEACH, FL 33446

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

I hereby certify that the information supplied with this filing does not qualify for the 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: STEFANIE ELLIS

MM

01/21/2007

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