2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2008
Secretary of State

DOCUMENT# L06000075443

Entity Name: M.D. FITNESS, LLC

Current Principal Place of Business:

1889 MUIRFIELD WAY
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

1889 MUIRFIELD WAY
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 20-5298812 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCDONALD, BRIAN A
1889 MUIRFIELD WAY
OLDSMAR, FL 34677 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: DR ( ) Delete
Name: MCDONALD, BRIAN A
Address: 1889 MUIRFIELD WAY
City-St-Zip: OLDSAMR, FL 34677

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MCDONALD, BRIAN A
Address: 1889 MUIRFIELD WAY
City-St-Zip: OLDSMAR, FL 34677

Title: MGRM ( ) Change (X) Addition
Name: FISHER, M. CASEY
Address: 1889 MUIRFIELD WAY
City-St-Zip: OLDSMAR, FL 34677

Title: MGRM ( ) Change (X) Addition
Name: DORE, DAVID
Address: 1889 MUIRFIELD WAY
City-St-Zip: OLDSMAR, FL 34677

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: BRIAN A MCDONALD MGRM 02/12/2008

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