

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000076911

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** ULTIMATE FITNESS WITH CHRISTIE, LLC

**Current Principal Place of Business:**

1851 PALM BAY RD  
SUITE #1A  
PALM BAY, FL 32905 US

**New Principal Place of Business:**

1851 PALM BAY RD  
SUITE #1  
PALM BAY, FL 32905 US

**Current Mailing Address:**

492 NATURES WAY  
MELBOURNE, FL 32904

**New Mailing Address:**

1851 PALM BAY RD  
SUITE #1  
PALM BAY, FL 32905 US

**FEI Number:** 20-8114121

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRANDOLINI, CHRISTIANE  
492 NATURES WAY  
MELBOURNE, FL 32905 US

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

BRANDOLINI, CHRISTIANE  
381 NW BOUGAINVILLEA ST  
PALM BAY, FL 32907 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: CHRISTIANE BRANDOLINI

04/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BRANDOLINI, CHRISTIANE  
Address: 492 NATURES WAY  
City-St-Zip: MELBOURNE, FL 32902

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BRANDOLINI, CHRISTIANE  
Address: 381 NW BOUGAINVILLEA ST  
City-St-Zip: PALM BAY, FL 32907

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: CHRISTIANE BRANDOLINI

MGR

04/21/2009

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