

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000082123

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: FITNESS QUEST LAND GROUP 1, LLC

**Current Principal Place of Business:**

2530 BOBCAT VILLAGE CENTER RD  
SUITE C  
NORTH PORT, FL 34288 US

**New Principal Place of Business:**

**Current Mailing Address:**

9230 FALCON CT  
VENICE, FL 34293 US

**New Mailing Address:**

FEI Number: 56-2608571

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BARTRUFF, JANE  
9230 FALCON COURT  
VENICE, FL 34293 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: NIPPERT, JASON  
Address: 530 E. OLYMPIA AVE., SUITE 112  
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: MGRM ( ) Delete  
Name: BARTRUFF, MACKENZIE  
Address: 9230 FALCON CT  
City-St-Zip: VENICE, FL 34293 US

Title: MGRM ( ) Delete  
Name: LOVELL, ROBERT  
Address: 530 E OLYMPIA AVE  
City-St-Zip: PUNTA GORDA, FL 33950

**ADDITIONS/CHANGES:**

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

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

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

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: MACKENZIE BARTRUFF

MGRM

04/30/2009

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