

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90019 013 \*\*\*138.75

<b>DOCUMENT # L06000095804</b> 1. Entity Name <b>FAMILY FOUR FITNESS, LLC</b>					
Principal Place of Business <b>840 NAUTICA DR. STE 108 JACKSONVILLE, FL 32218</b>			Mailing Address <b>840 NAUTICA DR. STE 108 JACKSONVILLE, FL 32218</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>11-3792046</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BRELSFORD, GINGER S 7595 BAYMEADOWS CIRCLE W APT 2701 JACKSONVILLE, FL 32256</b>			Name <b>GINGER S. BRELSFORD</b> Street Address (P.O. Box Number is Not Acceptable) <b>14051 Summer Breeze Dr. East</b> City <b>JACKSONVILLE</b> FL Zip Code <b>32218</b>		
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 <u><i>Ginger S. Brelsford</i></u> <b>MGR</b> <span style="float: right;">4-25-08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR BRELSFORD, GINGER S 7595 BAYMEADOWS CIRCLE W APT 2701 JACKSONVILLE, FL 32256</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR Brelsford, GINGER S 14051 Summer Breeze Drive East JACKSONVILLE, FL. 32218</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Ginger S. Brelsford</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <b>4-25-08</b> Daytime Phone # <b>904-751-5222</b>	