

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000096287

Entity Name: HOLLAND FITNESS, LLC

FILED  
Aug 17, 2007  
Secretary of State

**Current Principal Place of Business:**

100 S. ALCANIZ STREET  
PENSACOLA, FL 32502

**New Principal Place of Business:**

**Current Mailing Address:**

100 S. ALCANIZ STREET  
PENSACOLA, FL 32502

**New Mailing Address:**

FEI Number: 20-5651051      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

HOLLAND, BRIAN  
1269 GRAND RIDGE CIRCLE  
GULF BREEZE, FL 32563      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: HOLLAND, BRIAN  
Address: 1269 GRAND RIDGE CIRCLE  
City-St-Zip: GULF BREEZE, FL 32563

Title: MGR      ( ) Delete  
Name: HOLLAND, AMBER  
Address: 1269 GRAND RIDGE CIRCLE  
City-St-Zip: GULF BREEZE, FL 32563

**ADDITIONS/CHANGES:**

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: BRIAN HOLLAND

MGR

08/17/2007

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