2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2007
Secretary of State

DOCUMENT# L06000101293

Entity Name: FROZEN FITNESS LLC

Current Principal Place of Business:

2614 N TAMIAMI TRAL STE 620
NAPLES, FL 34103 US

New Principal Place of Business:

2614 N TAMIAMI TRAIL
STE. 620
NAPLES, FL 34103 US

Current Mailing Address:

2614 N TAMIAMI TRAL STE 620
NAPLES, FL 34103 US

New Mailing Address:

2614 N TAMIAMI TRAIL
STE. 620
NAPLES, FL 34103 US

FEI Number: 51-0606725 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

MALDONADO, PETER C
2614 N TAMIAMI TRAL STE 620
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

MALDONADO, PETER C
2614 N TAMIAMI TRAIL
STE. 620
NAPLES, FL 34103 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: PETER MALDONADO 05/06/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MALDONADO, PETER C
Address: 2614 N TAMIAMI TRAL STE 620
City-St-Zip: NAPLES, FL 34103 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MALDONADO, PETER C
Address: 2614 N TAMIAMI TRAIL STE 620
City-St-Zip: NAPLES, FL 34103 US

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: PETER MALDONADO MGRM 05/06/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date