2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2008
Secretary of State

DOCUMENT# L06000102364

Entity Name: ADA'S FITNESS CENTERS, LLC

Current Principal Place of Business:

1242 SW PINE ISLAND RD.
CAPE CORAL, FL 33991

New Principal Place of Business:

Current Mailing Address:

7211 BERGAMO WAY 202
FORT MYERS, FL 33966

New Mailing Address:

FEI Number: 20-5729377 **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:

A1A REGISTERED AGENT INC.
5647 110TH AVE. NORTH
ROYAL PALM BEACH, FL 334110000 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: MGRM ( ) Delete
Name: BONADIES, EDWARD
Address: 103 WELLINGTON AVENUE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: MGRM ( ) Delete
Name: WATERHAWK, TARA
Address: 103 WELLINGTON AVENUE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PD (X) Change ( ) Addition
Name: BONADIES, EDWARD
Address: 103 WELLINGTON AVENUE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: PD (X) Change ( ) Addition
Name: WATERHAWK, TARA
Address: 103 WELLINGTON AVENUE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: MGR ( ) Change (X) Addition
Name: 3F MANAGEMENT, LLC,
Address: 7211 BERGAMO WAY #202
City-St-Zip: FORT MYERS, FL 33966

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: EDWARD BONADIES PD 05/12/2008

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