## 2008 LIMITED LIABILITY COMPANY

## Mar 24, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L07000010945** 03-24-2008 90233 044 \*\*\*138.75 FISCAL FITNESS ASSOCIATES, LLC Mailing Address Principal Place of Business 1 FLORIDA PARK DRIVE SOUTH 6235 22ND ROAD NORTH **ATRIUM SUITE** ARLINGTON, VA 22205 PALM COAST, FL 32137 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 20-8440193 Not Applicable Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KIDD, M. SEAN 1 FLORIDA PARK DRIVE SOUTH Street Address (P.O. Box Number is Not Acceptable) ATRIUM SUITE PALM COAST, FL 32137 City Zip Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10 TITLE MGR TITLE ☐ Delete ☐ Addition ☐ Change NAME DOBEL, DAVID FRANK NAME STREET ADDRESS 6235 22ND ROAD NORTH STREET ADDRESS CITY-ST-ZIP ARLINGTON, VA 22205 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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.