2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000060808

Entity Name: NORTH RIVER FITNESS LLC

FILED May 01, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8320 US 301 N 4315 15TH WAY

UNIT 3/4 PALMETTO, FL 34221 US

PARRISH, FL 34219

4315 15TH WAY

PALMETTO, FL 34221 US

Current Mailing Address:

FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

New Mailing Address:

FITZPATRICK, BARBARA A

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:

FITZPATRICK, BARBARA A 8320 US 301 N **UNIT 3/4**

4315 15TH WAY PALMETTO, FL 34221 PARRISH, FL 34219 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: 05/01/2008

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR () Delete Title: () Change () Addition

FITZPATRICK, MARK A Name: Name: Address: 4315 15TH WAY Address: City-St-Zip: PALMETTO, FL 34221 US City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

FITZPATRICK, BARBARA A Name: Name: Address: 4315 15TH WAY Address: City-St-Zip: PALMETTO, FL 34221 US 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: MARK A FITZPATRICK 05/01/2008