2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE AND TYPED OR PRI

May 23, 2008 8:00 am Secretary of State 05-23-2008 90289 001 ***338.75 **DOCUMENT #L07000084226** 05-23-2008 90289 002 ***200.00 CROSSFIT HARDCORE L.L.C. Mailing Address 30007473 Principal Place of Business 1000 HOLLAND DR 1000 HOLLAND DR BOCA RATON, FL 33487 BOCA RATON, FL 33487 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number Not Applicable \$5.00 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOSLEY, LANCE D Street Address (P.O. Box Number is Not Acceptable) 1000 HOLLAND DR. BOCA RATON, FL 33487 Zip Code City 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 the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and tide if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to FILE NOW!!! FEE IS \$138.75 Florida Department of State After May 1, 2008 Fee will be \$538.75 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGR ☐ Change ☐ Addition Delete TITLE TITLE NAME MOSLEY, LANCE D NAME STREET ADDRESS 1000 HOLLAND DR. #6 STREET ADDRESS BOCA RATON, FL 33487 CITY-ST-ZIP CITY-ST-ZIP MGRM □ Change ■ Addition TITLE ☐ Delete FREIBERG, ABBEY S NAME STREET ADDRESS 1000 HOLLAND #6 STREET ADDRESS BOCA RATON, FL 33487 CITY-ST-ZIP CITY-ST-ZIP MGRM ☐ Change ☐ Addition ☐ Delete TITLE TITLE GRASSI, ADRIANA M NAME STREET ADDRESS STREET ADDRESS 1000 HOLLAND DR #6 BOCA RATON, FL 33487 CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 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 fustee employered to execute this report as required by Chapter 608, Florida Statutes.

NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #