## 2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000090765

Entity Name: GYM RATZ FITNESS FOR KIDS, LLC

FILED Jul 24, 2009 Secretary of State

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

1039 STATE ROAD 7 11596 PIERSON ROAD

104-A WELLINGTON, FL 33414 US

WELLINGTON, FL 33414

Current Mailing Address: New Mailing Address:

1039 STATE ROAD 7 11596 PIERSON ROAD

104-A WELLINGTON, FL 33414 US WELLINGTON, FL 33414

FEI Number: 22-3968067 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A.

1840 SW 22ND ST.

4TH FLOOR

NICHOLS, BRIAN

11596 PIERSON ROAD

WELLINGTON, FL 33414 US

MIAMI, FL 33145 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: BRYAN NICHOLS 07/24/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition Name: WIENER, KELLY A Name: NICHOLS, BRYAN

 Name:
 WIENER, KELLY A
 Name:
 NICHOLS, BRYAN

 Address:
 1039 STATE ROAD 7
 Address:
 11596 PIERSON ROAD

 City-St-Zip:
 WELLINGTON, FL 33414
 City-St-Zip:
 WELLINGTON, FL 33414

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

 Name:
 PRINCE, KRISTINE A
 Name:

 Address:
 1039 STATE ROAD 7
 Address:

 City-St-Zip:
 WELLINGTON, FL 33414
 City-St-Zip:

Title: S (X) Delete Title: ( ) Change ( ) Addition

 Name:
 PRINCE, DAVID L
 Name:

 Address:
 1039 STATE ROAD 7
 Address:

 City-St-Zip:
 WELLINGTON, FL 33414
 City-St-Zip:

Title: T (X) Delete Title: ( ) Change ( ) Addition

 Name:
 WIENER, MICHAEL L
 Name:

 Address:
 1039 STATE ROAD 7
 Address:

 City-St-Zip:
 WELLINGTON, FL 33414
 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: BRYAN NICHOLS PRES 07/24/2009