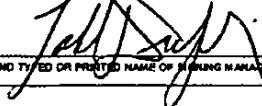


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 09, 2008 8:00 am
Secretary of State

04-21-2008 90314 008 ***143.75

DOCUMENT # L07000097188			
1. Entity Name GYMRAT BOXING & FITNESS, LLC			
Principal Place of Business 119 GATLIN AVE. ORLANDO, FL 32806-6950		Mailing Address 1720 NORTH GOLDENROD RD. ORLANDO, FL 32807	
2. Principal Place of Business - No P.O. Box # 119 Gatlin Ave		3. Mailing Address 10766 Flycast Cir	
Suite, Apt. #, etc. Orlando, FL		Suite, Apt. #, etc.	
City & State 32806		City & State Orlando FL	
Zip	Country	Zip	Country
Orlando		32825	
4. FEI Number 22-3968746		Applied For Not Applicable	
5. Certificate of Status Desired		\$5.00 Additional Fee Required	
5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCHICK, DAVID L ESQ 301 E PINE STREET ORLANDO, FL 32801		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when changing.)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	OWNER Todd Drespling 10766 Flycast Cir Orlando, FL 32825	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Todd Drespling 1720 N. Goldenrod Rd. Orlando, FL 32807
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Todd Drespling 10766 Flycast Cir Orlando, FL 32825 owner
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Todd Drespling, MGR 4-13-08 407-353-1613	
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	