2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4. **FILED**
May 15, 2008 8:00 am
Secretary of State
04-16-2008 90112 023 ***138.75

DOCUMENT # L07000109237

1. Entity Name
PERSONAL TRAINING INSTITUTE, LLC

Principal Place of Business	Mailing Address
505 MAITLAND AVE. SUITE 1350 ALTAMONTE SPRINGS, FL 32701	505 MAITLAND AVE. SUITE 1350 ALTAMONTE SPRINGS, FL 32701

30006332

01092008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	PO BOX 940605
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Maitland, FL
Zip / Country	Zip: 32794-0605 Country: USA

4. FEI Number 36-1340407 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PRATT, JAMES R ESQ 369 N. NEW YORK AVE. 3RD FLOOR WINTER PARK, FL 32789	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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	MGR CALHOUN, MICHAEL D 505 MAITLAND AVE. SUITE 1350 ALTAMONTE SPRINGS, FL 32701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CALHOUN, MICHAEL D PO BOX 940605 MAITLAND, FL 32794-0605	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 4-14-08 407-629-9304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #