

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2009 APR 27 AM 8: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04102009 Chg-LLC CR2E083 (11/08)

DOCUMENT # L07000113794 1. Entity Name OFFBEAT TRAINING LLC					
Principal Place of Business 329 OAKPOINT CIRCLE DAVENPORT, FL 33837 US			Mailing Address 329 OAKPOINT CIRCLE DAVENPORT, FL 33837 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 30-0453586	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent UNITED STATES CORPORATION AGENTS, INC. 320 S. FLAMINGO ROAD #347 PEMBROKE PINES, FL 33027			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retesting)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2009 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	MGRM MILLBOWER, LENN 329 OAKPOINT CIRCLE DAVENPORT, FL 33837		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600152393996 04/24/09--01039--011 **138.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLBOWER, REBECCA 329 OAKPOINT CIRCLE DAVENPORT, FL 33837		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600152393996 04/24/09--01039--011 **138.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLBOWER, REBECCA 329 OAKPOINT CIRCLE DAVENPORT, FL 33837		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600152393996 04/24/09--01039--011 **138.75	
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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: <i>Lenn Millbower</i> Lenn Millbower			April 10, 2009 407-256-0501		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		