2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L07000118320

Entity Name: JL FITNESS, LLC

Current Principal Place of Business:

830 SOUTH COUNTY ROAD 427
UNIT 182
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

830 SOUTH COUNTY ROAD 427
UNIT 182
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 74-3242101 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMMONS, MICHAEL J
830 SOUTH COUNTY ROAD 427
UNIT 182
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SIMMONS, MICHAEL J
Address: 830 SOUTH COUNTY ROAD 427, UNIT 182
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM ( ) Delete
Name: SIMMONS, LISA F
Address: 830 SOUTH COUNTY ROAD 427, UNIT 182
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: MICHAEL J SIMMONS MR. 04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date