

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000123912

FILED
Apr 30, 2009
Secretary of State

Entity Name: BODYTRAC HEALTH & FITNESS VINEYARDS, LLC

Current Principal Place of Business:

3610-2 SHAMROCK WEST
TALLAHASSEE, FL 32309

New Principal Place of Business:

6615 MAHAN DRIVE
SUITE 102
TALLAHASSEE, FL 32308

Current Mailing Address:

3610-2 SHAMROCK WEST
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 26-1568742 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PENSON, ALBERT C
2810 REMINGTON GREEN CIRCLE
TALLAHASSEE, FL 32308 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: BODYTRAC HEALTH & FITNESS, LLC
Address: 3610-2 SHAMROCK WEST
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM () Delete
Name: CREATIVE AMES, LLC
Address: 7275 WINTERCREEK LANE
City-St-Zip: TALLAHASSEE, FL 32309

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: STEVEN WILKENS

MR.

04/30/2009

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