2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000006020

Entity Name: NEIGHBOR FITNESS LLC

1130 ARRINGTON CIR

OVIEDO, FL 32765

Address:

City-St-Zip:

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1130 ARRINGTON CIR OVIEDO, FL 32765 **Current Mailing Address: New Mailing Address:** 1130 ARRINGTON CIR OVIEDO, FL 32765 FEI Number: 26-1764349 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PRIDEMORE, KAREN L 1130 ARRINGTON CIR OVIEDO, FL 32765 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete PRIDEMORE, KAREN L Name: Name: Address: 1130 ARRINGTON CIR Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: DORLEUS, PASCALINE Name: Address: 1140 ARRINGTON CIR Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition DORLEUS, JOSEPH Name: Name: 1140 ARRINGTON CIR Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: () Delete Title: MGRM Title: () Change () Addition PRIDEMORE, JAMES N Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: KAREN L PRIDEMORE MMBR 04/29/2009