

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000011448

Entity Name: PLAZA FITNESS, LLC

FILED  
May 01, 2009  
Secretary of State

**Current Principal Place of Business:**

101 EAST KENNEDY BOULEVARD  
SUITE ONE  
TAMPA, FL 33602 US

**New Principal Place of Business:**

**Current Mailing Address:**

101 EAST KENNEDY BOULEVARD  
SUITE ONE  
TAMPA, FL 33602 US

**New Mailing Address:**

FEI Number: 26-1888281      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BASKIN, HAMDEN H III  
13577 FEATHER SOUND DRIVE  
SUITE 550  
CLEARWATER, FL 33762 US

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: BAUER, DEAN A  
Address: 101 EAST KENNEDY BOULEVARD, SUITE ONE  
City-St-Zip: TAMPA, FL 33602 US

Title: MGRM ( ) Delete  
Name: LEWIS, DAVID  
Address: 101 EAST KENNEDY BOULEVARD, SUITE ONE  
City-St-Zip: TAMPA, FL 33602 US

**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: DAVID C LEWIS

OWNE

05/01/2009

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