

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000013069

Entity Name: PORT ORANGE GYM, LLC

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

244 SOUTH OLIVE AVE.  
WEST PALM BEACH, FL 33401

## New Principal Place of Business:

3761 S. NOVA ROAD  
PORT ORANGE, FL 32129

## Current Mailing Address:

244 SOUTH OLIVE AVE.  
WEST PALM BEACH, FL 33401

## New Mailing Address:

3761 S NOVA RD  
PORT ORANGE, FL 32129

FEI Number: 26-1980202

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOLDSMITH, JEFFERY  
201 N US HWY 1  
6-C  
JUPITER, FL 33477 US

## Name and Address of New Registered Agent:

GOLDSMITH, JEFFREY  
201 N US HWY 1  
6-C  
JUPITER, FL 33477 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: JEFFREY GOLDSMITH

04/30/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: WILKINS, CLYDE  
Address: 201 N US HWY 1 SUITE 6-C  
City-St-Zip: JUPITER, FL 33477

Title: MGRM ( ) Delete  
Name: GOLDSMITH, JEFFERY  
Address: 201 N US HWY 1 SUITE 6-C  
City-St-Zip: JUPITER, FL 33477

## 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: STEVE AYERS

CFO

04/30/2009

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