

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000032238

Entity Name: VERTICAL FITNESS, L.L.C.

FILED  
Mar 29, 2009  
Secretary of State

## Current Principal Place of Business:

5815 90TH AVE CIRCLE EAST  
PARRISH, FL 34219

## New Principal Place of Business:

4141 S. TAMiami TRAIL  
#6  
SARASOTA, FL 34231

## Current Mailing Address:

5815 90TH AVE CIRCLE EAST  
PARRISH, FL 34219

## New Mailing Address:

FEI Number: 37-1566002

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROWNING, ROBERT W JR.  
ONE NORTH TUTTLE AVENUE  
SARASOTA, FL 34237 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: PROSSER, LORRAINE  
Address: 5815 90TH AVE CIRCLE EAST  
City-St-Zip: PARRISH, FL 34219 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

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

Title: MGM ( ) Change (X) Addition  
Name: SCHULTZ, LAWRENCE M  
Address: 1944 263RD. STREET  
City-St-Zip: LOMITA, CA 90717 US

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: LORRAINE PROSSER

MGRM

03/29/2009

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