## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000046905

Entity Name: FULL FORCE ATHLETIC CENTER, LLC

8333 COLONY BARN ROAD

CLERMONT, FL 34714

Address:

City-St-Zip:

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
1508 MAX HOOKS RO SUITE A	DAD		
GROVELAND, FL 347	736		
Current Mailing Address:		New Mailing Address:	
8333 COLONY BARN CLERMONT, FL 3471			
FEI Number: 26-2604088	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:	
WELCH, PAULETTE 8333 COLONY BARN CLERMONT, FL 3471			
The above named entiring the State of Florida.	ty submits this statement for the	purpose of changing its registere	d office or registered agent, or both
SIGNATURE:			
Electronic Signature of Registered Age		ent	Date
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	
Title: MGRM Name: WELCH. PA	()Delete ULETTE	Title: Name:	() Change () Addition

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: PAULETTE WELCH 0P 04/30/2009