## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000052952

FILED Apr 23, 2009 Secretary of State

Entity Name: CUTTING EDGE FITNESS OF BOCA RATON, LLC

**Current Principal Place of Business: New Principal Place of Business:** 557 NW 39TH CIRCLE BOCA RATON, FL 33431 **Current Mailing Address: New Mailing Address:** 557 NW 39TH CIRCLE BOCA RATON, FL 33431 FEI Number: 26-2709535 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: MELTZER, ODED T 6431 COWPEN ROAD US MIAMI LAKES, FL 33014 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 FRIEDMAN-MELTZER, BROOKE J Name: Name: 557 NW 39TH CIRCLE Address: Address: City-St-Zip: BOCA RATON, FL 33431 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition HOFBERG, DORENE Name: Name: Address: 11548 BIG SKY COURT Address: City-St-Zip: BOCA RATON, FL 33498 City-St-Zip: Title: MGR () Delete Title: () Change () Addition GKR CAPITAL, INC. Name: Name: 2863 OCTAVIA STREET Address: Address: City-St-Zip: SAN FRANCISCO, CA 94123 City-St-Zip: Title: MGR Title: () Change () Addition ( ) Delete LEVY, JOSEPH Name: Name: 3600 FILLMORE STREET #204 Address: Address: City-St-Zip: SAN FRANCISCO, CA 94123 City-St-Zip: Title: MGR () Delete Title: () Change () Addition BRAUSER, DANIEL Name: Name: 595 S. FEDERAL HIGHWAY, STE 600 Address: Address: City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: Title: () Delete Title: () Change () Addition HANSEN CARL Name: Name: Address: 195 ALHAMBRA STREET, APT. 6 Address: SAN FRANCISCO, CA 94123 City-St-Zip: 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: BROOKE FRIEDMAN-MELTZER MGR 04/23/2009