

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000102078

**FILED**  
**Nov 05, 2011**  
**Secretary of State**

**Entity Name:** OLD TOWN FITNESS, LLC

**Current Principal Place of Business:**

1010 TRUMAN AVENUE  
KEY WEST, FL 33040 US

**New Principal Place of Business:**

**Current Mailing Address:**

1010 TRUMAN AVENUE  
KEY WEST, FL 33040 US

**New Mailing Address:**

**FEI Number:** 80-0292906

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EGGERS, STACIE  
1010 TRUMAN AVE  
KEY WEST, FL 33040 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  
**Name:** DUNNE, FRANK  
**Address:** 1010 TRUMAN AVENUE  
**City-St-Zip:** KEY WEST, FL 33040 US

**Title:** MGRM  
**Name:** EGGERS, STACIE  
**Address:** 1010 TRUMAN AVENUE  
**City-St-Zip:** KEY WEST, FL 33040 US

**Title:** MGRM  
**Name:** EGGERS, ROBERT  
**Address:** 1010 TRUMAN AVENUE  
**City-St-Zip:** KEY WEST, FL 33040 US

I hereby 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:** STACIE EGGERS

MGRM

11/05/2011

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