

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000108899

FILED
Apr 21, 2009
Secretary of State

Entity Name: DOWNTOWN HEALTH & FITNESS LLC

Current Principal Place of Business:

222 BROADWAY
SUITE 202
KISSIMMEE, FL 34741

New Principal Place of Business:

222 BROADWAY AVE
SUITE 202
KISSIMMEE, FL 34741

Current Mailing Address:

222 BROADWAY
SUITE 202
KISSIMMEE, FL 34741

New Mailing Address:

222 BROADWAY AVE
SUITE 202
KISSIMMEE, FL 34741

FEI Number: 26-3761583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPPEL, CHRISTOPHER M MD
445 W OAK ST
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

CHAPPEL, CHRISTOPHER M MD
222 BROADWAY AVENUE
SUITE 211
KISSIMMEE, FL 34741 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: CHRISTOPHER M. CHAPPEL

04/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHAPPEL, CHRISTOPHER M MD
Address: 4900 MANOR HOUSE LANE
City-St-Zip: ST CLOUD, FL 34772

Title: MGRM () Delete
Name: CANNON, JEFFREY G
Address: 3128 KENTSHIRE BLVD
City-St-Zip: OCOEE, FL 34761

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: CHRISTOPHER M. CHAPPEL

MGRM

04/21/2009

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