

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1 Name and Mailing Address of Limited Liability Company	DOCUMENT # L98000002167
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BALANCED BODY-MIAMI, L.L.C.
~~1241 ANDALUSIA AVENUE~~
~~CORAL GABLES FL 33134~~

FILED
99 MAR 15 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address

~~1241 ANDALUSIA AVENUE~~
~~CORAL GABLES FL 33134~~

2 Principal Place of Business 2574 SW 27 th Lane Suite, Apt. #, etc.	2a. Mailing Address 2574 SW 27 th Lane Suite, Apt. #, etc.
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City & State Miami Florida	City & State Miami Florida
Zip 33133	Zip 33133
Country US	Country US

3. Date Organized or Qualified 10/07/1998	3a. State of Formation FL
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4. FEI Number 65-087-1538	☐ Applied For ☐ Not Applicable
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5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required ☐
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7. Name and Address of Current Registered Agent MALE, MICHAEL H 3250 MARY STREET MIAMI FL 33133
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8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

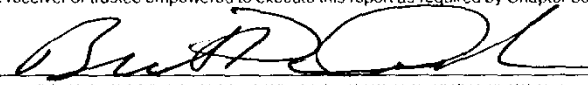
SIGNATURE _____ (DATE _____)
(The registered Agent Accepting Appointment to (FCR) The registered Agent sign to register with the company)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	ANDERSON, BRENT	1241 ANDALUSIA AVENUE	CORAL GABLES FL

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****188.75 ****188.75

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3-19-99

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:  2/23/99 (305)860-0111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MEMBER OR MANAGER