2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2003 8:00 am
Secretary of State
04-01-2003 90032 023 ****50.00

DOCUMENT # L98000002167

1. Entity Name
BALANCED BODY-MIAMI, L.L.C.

Principal Place of Business	Mailing Address
1500 MONZA AVENUE, 3RD FLOOR CORAL GABLES FL 33146	1500 MONZA AVENUE, 3RD FLOOR CORAL GABLES FL 33146

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
1500 MONZA AVE		1500 MONZA AVE	
Suite, Apt. #, etc.: 3RD FLOOR STE. 350		Suite, Apt. #, etc.: 3RD FLOOR STE 350	
City & State: CORAL GABLES, FL		City & State: CORAL GABLES, FL	
Zip: 33146	Country: USA	Zip: 33146	Country: USA

4. FEI Number 65-0867725 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, BRENT
C/O POLESTAR GOWADIN LLC
1500 MONIA AVE, STE 350
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name: ANDERSON, BRENT C/O BALANCED BODY-MIAMI LLC
Street Address (P.O. Box Number is Not Acceptable): 1500 MONZA AVE
STE 350
City: CORAL GABLES **FL** Zip Code: 33146

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 03/26/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ANDERSON, BRENT		NAME		
STREET ADDRESS	9390 SW 106 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (10/02)

11. I 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 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.

SIGNATURE: SIGNATURE REQUIRED [signature] 03/26/03 (305) 666-0037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #