

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAR 30 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*mf 4/10*



DOCUMENT # L98000002466

1. Entity Name  
WORK OUT YOUR SWING, L.L.C.

Principal Place of Business C/O DARYL B. CRAMER, P.A. 515 N FLAGLER DR., STE 910, NORTHBRIDGE CTR WEST PALM BEACH FL 33401-4325	Mailing Address C/O DARYL B. CRAMER, P.A. 515 N FLAGLER DR., STE 910, NORTHBRIDGE CTR WEST PALM BEACH FL 33401-4325
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2. Principal Place of Business c/o Daryl Cramer & Assoc., P.A. Suite, Apt. #, etc. 515 N. Flagler Dr., #910 City & State W.P.B., FL Zip 33401 Country US	3. Mailing Address c/o Daryl Cramer & Associates, P.A. Suite, Apt. #, etc. 515 N. Flagler Drive, #910 City & State W.P.B., FL Zip 33401 Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0874226	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent DARYL B. CRAMER, P.A. NORTHBRIDGE CENTRE 515 NORTH FLAGLER DRIVE, SUITE 910 WEST PALM BEACH FL 33401-4325	7. Name and Address of New Registered Agent Name Daryl Cramer & Associates, P.A. Street Address (P.O. Box Number is Not Acceptable) 515 N. Flagler Dr. #910 City West Palm Beach FL Zip Code 333401
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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.

SIGNATURE *[Signature]* DATE *3/21/00*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MUTH, JESSICA P 8336 QUAIL MEADOW WAY WEST PALM BEACH FL 33412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

119 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]* *3-21-00* *564-7990229*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)