## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M02000000127

Address:

City-St-Zip:

Entity Name: ABSOLUT FITNESS L.L.C.

430 GOLFVIEW DRIVE

NAPLES, FL

FILED Jul 24, 2007 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 430 GOLFVIEW DRIVE NAPLES, FL 34110 **Current Mailing Address: New Mailing Address:** 430 GOLFVIEW DRIVE NAPLES, FL 34110 FEI Number: 22-3838288 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CAMP, W. GREGORY 430 GÓLFVIEW DRIVE NAPLES, FL 34110 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: ADDITIONS/CHANGES: () Delete Title: () Change () Addition CAMP, W. GREGORY Name: 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: W. GREGORY CAMP MR. 07/24/2007