2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 06, 2005
Secretary of State

DOCUMENT# M04000000850

Entity Name: BALANCED FITNESS OF CLEARWATER, LLC

Current Principal Place of Business:

6025 SOUTH QUEBEC, STE 150
ENGLEWOOD, CO 80111

New Principal Place of Business:

314 SOUTH BELCHER ROAD
CLEARWATER, FL 33765

Current Mailing Address:

6025 SOUTH QUEBEC, STE 150
ENGLEWOOD, CO 80111

New Mailing Address:

314 SOUTH BELCHER ROAD
CLEARWATER, FL 33765

FEI Number: 20-0198647 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

RADAY, DAVID M
12360 66TH ST. NORTH, STE 6
LARGO, FL 33773 US

Name and Address of New Registered Agent:

MILLER, EDWARD B
410 17TH STREET #1355
DENVER, FL 80202 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: EDWARD B MILLER 10/06/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: VICKERS, THOMAS M
Address: 6025 SOUTH QUEBEC, STE 150
City-St-Zip: ENGLEWOOD, CO 80111

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: VICKERS, THOMAS M
Address: 6025 SOUTH QUEBEC, STE 135
City-St-Zip: ENGLEWOOD, CO 80111

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS M VICKERS CEO 10/06/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date