2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2007
Secretary of State

DOCUMENT# M06000006142

Entity Name: ANNIKA FITNESS, LLC

Current Principal Place of Business:

% CARLIN, CHERRON & ROSEN
1400 COMPUTER DRIVE, STE. 300
WESTBOROUGH, MA 01581

New Principal Place of Business:

% CARLIN, CHARRON & ROSEN
1400 COMPUTER DRIVE, STE. 300
WESTBOROUGH, MA 01581

Current Mailing Address:

% CARLIN, CHERRON & ROSEN
1400 COMPUTER DRIVE, STE. 300
WESTBOROUGH, MA 01581

New Mailing Address:

% CARLIN, CHARRON & ROSEN
1400 COMPUTER DRIVE, STE. 300
WESTBOROUGH, MA 01581

FEI Number: 20-5704206 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title: MGR ( ) Delete
Name: SORENSTAIN, ANNIKA
Address: 1400 COMPUTER DRIVE, STE. 300
City-St-Zip: WESTBOROUGH, MA 01581

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SORENSTAM, ANNIKA C
Address: 1400 COMPUTER DRIVE, STE. 300
City-St-Zip: WESTBOROUGH, MA 01581

I hereby certify that the information supplied with this filing does not qualify for the 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: ANNIKA C. SORENSTAM MGR 01/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date