



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 153421		2. Exact name of the limited liability company Pro Balance LLC			
3. State of Formation DE		4. Brief description of the character of the business which is actually conducted in Rhode Island Fitness service and products			
5. Principal office address 6134 Turnbury Park Drive, 7303		City Sarasota	State FL	Zip 34243	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Ben Munger		Contact Title Manager			
Street Address 6134 Turnbury Park Drive, 7303		City Sarasota	State FL	Zip 34243	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Ben Munger		Manager Name			
Street Address 6134 Turnbury Park Drive, 7303		Street Address			
City Sarasota	State FL	Zip 34243	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Zachary G. Darrow			Address		
Address One Turks Head Place, Suite 500			City Providence	Zip 02903	

RECEIVED
OFFICE OF THE SECRETARY OF STATE
CORPORATIONS DIV
2008 JUN 26 AM 8:40

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

153421
FILED

File Date	JUN 26 2008
By	OG1850
Check No.	KWC
By:	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Amy Page Oberg 6.23.08
Signature of Authorized Person Date
Amy Page Oberg
Print or Type Name of Authorized Person