



**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90058 032 \*\*\*\*50.00

<b>DOCUMENT # L05000031729</b>			
1. Entity Name <b>SOUTH MIAMI TKD, LLC</b>			
Principal Place of Business <b>6237 SUNSET DRIVE SECOND FLOOR SOUTH MIAMI, FL 33143 US</b>		Mailing Address <b>5975 SUNSET DRIVE 702 SOUTH MIAMI, FL 33143 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		01082006 Chg-LLC CR2E083 (11/05)	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HENRIQUES, CHARLES 5975 SUNSET DRIVE 702 MIAMI, FL 33143</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> Zip Code	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <b>CHARLES HENRIQUES</b>		DATE <b>1/8/2006</b>	
Signature, typed or printed name of registered agent and title, if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR EDWARD DELATORRE 5804 SUNSET DRIVE SOUTH MIAMI, FL 33143</b> <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	<b>MGR WADE, JEFF 6410 SW 62ND CT SOUTH MIAMI, FL 33143</b> <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
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
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date <b>1-8-06</b> Daytime Phone # <b>305-613-9920</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	