FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90037 045 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000016573

1. Entity Name
MUSOOL ACADEMY OF MARTIAL ARTS, LLC

Principal Place of Business	Mailing Address
5889 AIR PORT RD 1313 PORT ORANGE, FL 32127	5889 AIR PORT RD 1313 PORT ORANGE, FL 32127

01122005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
5889 Williamson BLVD		5889 Williamson BLVD	
Suite, Apt. #, etc.: 1313		Suite, Apt. #, etc.: 1313	
City & State: Port Orange FL		City & State: Port Orange FL	
Zip: 32127	Country: USA	Zip: 32127	Country: USA

4. FEI Number: 59-3746700 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CREECH, SHELBERT P III 128 C GOLDNE EYE DR. DAYTONA BEACH, FL 32119	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: [signature] 1/12/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	CREECH III, SHELBERT P		NAME	Creech III Shelbert P	
STREET ADDRESS	5889 AIRPORT SUITES 1313-1316		STREET ADDRESS	~~5889 AirPort RD Suites 1313-16~~	
CITY-ST-ZIP	PORT ORANGE, FL 32124		CITY-ST-ZIP	Port Orange FL 32127	
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KAUCE-CREECH, ALLARA		NAME		
STREET ADDRESS	1755 CREEK WATER BLVD.		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE, FL 32127		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify 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 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #