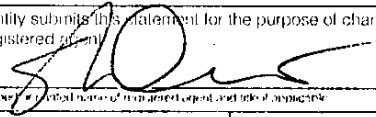
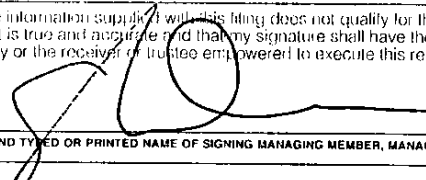


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

DOCUMENT # L01000016573 1. Entity Name MUSOOL ACADEMY OF MARTIAL ARTS, LLC					
Principal Place of Business 5889 AIR PORT RD 1313 PORT ORANGE, FL 32127			Mailing Address 5889 AIR PORT RD 1313 PORT ORANGE, FL 32127		
2. Principal Place of Business 5889 Williamson Blvd Suite, Apt. #, etc. 1313		3. Mailing Address 5889 Williamson Blvd Suite, Apt. #, etc. 1313			
City & State Port Orange FL		City & State Port Orange FL		4. FCI Number 59-3746700	
Zip 32127		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CREECH, SHELBERT P III 128 C GOLDNE EYE DR. DAYTONA BEACH, FL 32119				7. Name and Address of New Registered Agent 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  DATE 1/12/05					
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 NAME STREET ADDRESS CITY- ST- ZIP	MGRM CREECH III, SHELBERT P 5889 AIRPORT SUITES 1313-1316 PORT ORANGE, FL 32124	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Creech III Shelbert P 5889 Airport Rd Suite 1313-16 Port Orange FL 32127
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP KAUCE-CREECH, ALLARA 1755 CREEK WATER BLVD. PORT ORANGE, FL 32127	☐ Delete		☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition		☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition		☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition		☐ Change ☐ Addition	☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					