
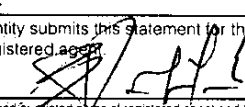
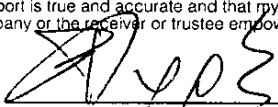


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90077 034 \*\*\*\*50.00

<b>DOCUMENT # L02000020002</b> 1. Entity Name <b>VONSILVER MARTIAL ARTS ONE, L.L.C.</b>					
Principal Place of Business <b>1680 OAKHURST AVENUE WINTER PARK, FL 32789</b>			Mailing Address <b>1850 W. FAIRBANKS AVE SUITE B WINTER PARK, FL 32789</b>		
2. Principal Place of Business <b>4413 Hoffer Ave.</b> Suite, Apt. #, etc.		3. Mailing Address <b>1850 W. Fairbanks Ave.</b> Suite, Apt. #, etc. <b>Suite B</b>			
City & State <b>Orlando, FL.</b>		City & State <b>Winter Park, FL.</b>		4. FEI Number <b>06-1642051</b>	
Zip <b>32812</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CATHCART, CHRISTOPHER C 210 N. WYMORE ROAD WINTER PARK, FL 32789</b>		7. Name and Address of New Registered Agent Name <b>Sergio Von Schmeling</b> Street Address (P.O. Box Number is Not Acceptable) <b>1850 W. Fairbanks Ave.</b> <b>Suite B</b> City <b>Winter Park</b> <b>FL</b> Zip Code <b>32789</b>			
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 <b>03/27/2006</b>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR VON SCHMELING, SERGIO 1680 OAKHURST AVENUE WINTER PARK, FL 32789</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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> 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>03/27/2006</b> 407-740-6747	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					