

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

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

**DOCUMENT # L02000020002**

1. Entity Name  
**VONSILVER MARTIAL ARTS ONE, L.L.C.**



Principal Place of Business  
**1680 OAKHURST AVENUE  
 WINTER PARK, FL 32789**

Mailing Address  
**1850 W. FAIRBANKS AVE  
 SUITE B  
 WINTER PARK, FL 32789**

2. Principal Place of Business  
**4413 Hoffner Ave.**

3. Mailing Address  
**1850 W. Fairbanks Ave.  
 Suite B**

City & State  
**Orlando, FL.**

City & State  
**Winter Park, FL.**

Zip  
**32812**

Country  
**USA**

Zip  
**32789**

Country  
**USA**

6. Name and Address of Current Registered Agent

**CATHCART, CHRISTOPHER C  
 210 N. WYMORE ROAD  
 WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

Name  
**Sergio Von Schmeling**

Street Address (P.O. Box Number is Not Acceptable)  
**1850 W. FAIRBANKS AVE.  
 STE B**

City  
**Winter Park**

State  
**FL**

Zip Code  
**32789**

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 **03/27/2006**

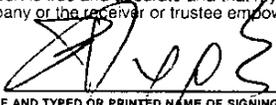
Signature? Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	MGR VON SCHMELING, SERGIO 1680 OAKHURST AVENUE WINTER PARK, FL 32789 <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
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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 **03/27/2006** DAYTIME PHONE # **407-740-6747**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE