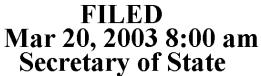
## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)



| 1. Entity Nar   | MENT # LO20000<br>Artial arts, llc   | 23242   |  |                 |   | <b>Secreta</b> 03-20-2003 9                                      | -  |                              |                          |  |
|---|--|---|--|-----------------|---|--|--|------------------------------|--------------------------|--|
| Principal Place of Business<br>5574 1ST ROAD<br>LAKE WORTH. FL FL 33467<br>US |  | Mailing Address 527-A BROWARD AVENUE GREENACRES FL 33463 US |  |                 | ( 100)  | <b>8</b> /1 <b>8/1 88</b> /18 (1 <b>8/1 88</b> /11 <b>8</b> 8/14 | <b>20</b> 111 <b>15</b> 11 <b>0</b> 11 <b>00</b> | !!! <b>!®</b> !: <b>®</b> !! | lyfisið líns íðna        |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |  |                 |   |  |  |                              |                          |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |  | _               | CHECK HERE IF MAKING CHANGES  |  |  |                              |                          |  |
| City & State  |  | City & State  |  |                 | 4. FEI Num  | ber<br>- 0006050   | 4.   |                              | pplied For ot Applicable |  |
| Zip   | Country  | Zip   | Country  |                 | 5. Certificat   | e of Status Desired  | \$5<br>Fe  | 5.00 Ad<br>e Require         | ditional<br>ed           |  |
|   | 6. Name and Address of Current F   | Registered Agent  | -  |                 | 7. Name an  | d Address of New Re  | gistered Age                                     | ent                          |                          |  |
| DREW, EVAN D<br>527-A BROWARD AVENUE<br>GREENACRES FL 33463                   |  |   | Street A                                       | Address (P      | ddress (P.O. Box Number is Not Acceptable)  |  |  |                              |                          |  |
|   |  |   | City   | <del></del> -   |   |  | FL   | Zip Cod                      | e                        |  |
| SIGNATURE .   | named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent ar | nd title if applicable. (NOTE                               | Registered Agent signa                         | ture required w | when reinstating)   | Juli, ill the State of Prov                                      | DATE   | iliar with,                  | and accept               |  |
|   |  | Make Check Payable Due                                      | e to Florida De <sub>l</sub><br>By May 1, 200  |                 | t of State  |  |  |                              |                          |  |
| 9.  | MANAGING MEMBERS/MANAGERS 10   |   |  |                 |   | ADDITIONS/C  | HANGES   |                              |                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | MGRM<br>Drew, Evan D<br>527-A Broward Avenue<br>Greenacres FL 33463  | C.) Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | i               |   |  | Ģ  | Change                       | Addition                 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |                 |   |  |  | Change                       | ☐ Addition               |  |
| TITLE  NAME  STREET ADORESS  CITY-ST-ZIP                                      |  | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |                 | - Topical Control of the Control of |  | ي رسوپيد   | Change                       | Addition                 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |                 |   |  |  | Change                       | Addition                 |  |
| TITLE NAME STREET ADORESS CITY-ST-ZIP   | •  | ☐ Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | . "             |   |  |  | Change                       | Addition                 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |                 |   |  |  | Change                       | Addition                 |  |

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 MEM **AUTHORIZED REPRESENTATIVE**  (561)641-9251