

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000043468

**FILED**  
**Apr 29, 2005**  
**Secretary of State**

**Entity Name:** ATA BLACK BELT ACADEMY OF BONITA SPRINGS, LLC

**Current Principal Place of Business:**

2797 AMBERWOOD LANE  
NAPLES, FL 34120

**New Principal Place of Business:**

8951 BONITA BEACH ROAD  
340  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

2797 AMBERWOOD LANE  
NAPLES, FL 34120

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COHEN, HENRY C  
27200 RIVERVIEW CENTER BLVD.  
SUITE 309  
BONITA SPRINGS, FL 34134 US

**Name and Address of New Registered Agent:**

WILBUR, CHAD M  
2797 AMBERWOOD LANE  
NAPLES, FL 34120 US

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.

SIGNATURE: CHAD M. WILBUR

04/29/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: WILBUR, CHAD M  
Address: 2797 AMBERWOOD LANE  
City-St-Zip: NAPLES, FL 34120

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CHAD M. WILBUR

MRG

04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date