

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060614

FILED  
Feb 06, 2009  
Secretary of State

**Entity Name:** DRAGON DOJO MARTIAL ARTS, LLC

**Current Principal Place of Business:**

705 OHIO AVE  
LYNN HAVEN, FL 32444 US

**New Principal Place of Business:**

2603 JENKS AVENUE  
SUITE 102, 103, 104  
LYNN HAVEN, FL 32444 US

**Current Mailing Address:**

4614 MISTY LANE  
LYNN HAVEN, FL 32444 US

**New Mailing Address:**

**FEI Number:** 57-1221618      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

INNER SPIRIT PRODUCTIONS  
4614 MISTY LANE  
LYNN HAVEN, FL 32444 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WIEST, ROBERT W  
Address: 4614 MISTY LANE  
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: MGRM (X) Delete  
Name: WIEST, SUSAN M  
Address: 4614 MISTY LANE  
City-St-Zip: LYNN HAVEN, FL 32444

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: INNER SPIRIT PRODUCT, IONS  
Address: 4614 MISTY LANE  
City-St-Zip: LYNN HAVEN, FL 32444 US

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: INNER SPIRIT PRODUCTIONS

MGR

02/06/2009

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