

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90049 004 \*\*\*\*50.00

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| <b>DOCUMENT # L05000070065</b>  |   |  |   |  |  |
| <b>1. Entity Name</b><br>VILLARI'S MARTIAL ARTS OF PALM BEACH COUNTY, L.L.C.  |   |  |   |  |  |
| <b>Principal Place of Business</b><br>2 FIRESTONE CIRCLE<br>WEST PALM BEACH, FL 33401   |   |  | <b>Mailing Address</b><br>2 FIRESTONE CIRCLE<br>WEST PALM BEACH, FL 33401 |  |  |
| <b>2. Principal Place of Business</b>   |   |  | <b>3. Mailing Address</b>   |  |  |
| Suite, Apt. #, etc.   |   |  | Suite, Apt. #, etc.   |  |  |
| City & State  |   |  | City & State  |  |  |
| Zip   |   | Country                                |   | Zip  |  |
| Country   |   | Country                                |   | 01082006 Chg-LLC CR2E083 (11/05)   |  |
| <b>4. FEI Number</b><br>68-056-0088   |   |  |   | <input checked="" type="checkbox"/> <b>Applied For</b><br><input type="checkbox"/> <b>Not Applicable</b> |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |   |  |   |  |  |
| <b>6. Name and Address of Current Registered Agent</b><br>VILLARI, FREDERICK J<br>2 FIRESTONE CIRCLE<br>WEST PALM BEACH, FL 33401   |   |  | <b>7. Name and Address of New Registered Agent</b>                        |  |  |
| Name  |   |  | Name  |  |  |
| Street Address (P.O. Box Number is Not Acceptable)  |   |  | Street Address (P.O. Box Number is Not Acceptable)                        |  |  |
| City  |   |  | City  |  |  |
| FL  |   |  | Zip Code  |  |  |
| <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.</b>  |   |  |   |  |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reissuing)   |   |  |   |  |  |
| Signature, typed or printed name of registered agent and title if applicable  |   | DATE                                   |   |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>   |   |  |   | <b>Make check payable to<br/>Florida Department of State</b>   |  |
| <b>9. MANAGING MEMBERS / MANAGERS</b>   |   |  | <b>10. ADDITIONS / CHANGES</b>  |  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>VILLARI, FREDERICK J<br>2 FIRESTONE CIRCLE<br>WEST PALM BEACH, FL 33401 | <input type="checkbox"/> <b>Delete</b> | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                 | <input type="checkbox"/> <b>Change</b>   | <input type="checkbox"/> <b>Addition</b> |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> <b>Delete</b> | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                 | <input type="checkbox"/> <b>Change</b>   | <input type="checkbox"/> <b>Addition</b> |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> <b>Delete</b> | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                 | <input type="checkbox"/> <b>Change</b>   | <input type="checkbox"/> <b>Addition</b> |
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| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> <b>Delete</b> | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                 | <input type="checkbox"/> <b>Change</b>   | <input type="checkbox"/> <b>Addition</b> |
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| <b>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.</b> |   |  |   |  |  |
| <b>SIGNATURE:</b> <i>Frederick J Villari</i> <b>PRESIDENT</b> 1-16-06 561-248-8786  |   |  |   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   |  |   |  |  |



ATTACHMENT

30000703

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 27, 2006

VILLARI'S MARTIAL ARTS OF PALM BEACH COUNTY, L.L.C.  
2 FIRESTONE CIRCLE  
WEST PALM BEACH, FL 33401

Subject: VILLARI'S MARTIAL ARTS OF PALM BEACH COUNTY, L.L.C.

Reference Number: L05000070065

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION