## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Feb 28, 2007 08:00 A Secretary of State **DOCUMENT # L05000070065** 1. Entity Name VILLARI'S MARTIAL ARTS OF PALM BEACH COUNTY. Principal Place of Business Mailing Address **2 FIRESTONE CIRCLE** 2 FIRESTONE CIRCLE WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 CR2E083 (11/05) 01072007 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 68-0560088 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent VILLARI, FREDERICK J DO NOT WRITE 2 FIRESTONE CIRCLE WEST PALM BEACH, FL 33401 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rematating) DATE Filing Fee is \$50.00 Due by May 1, 2007 U000000651274 03/09/07-80001-003 50.00 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE VILLARI, FREDERICK J NAME STREET ADDRESS 2 FIRESTONE CIRCLE CITY-ST-ZIP WEST PALM BEACH, FL 33401 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 appearance and that my signature/shall flavil the same legal effect as it 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:

**FILED** 

Daytone Phone #