

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2008 08:00 A
Secretary of State

DOCUMENT # L06000010018
 1. Entity Name
 US KUNG FU ACADEMY, LLC



Principal Place of Business Mailing Address
 2003 NE DIXIE HIGHWAY 2003 NE DIXIE HIGHWAY
 JENSEN BEACH, FL 34957 US JENSEN BEACH, FL 34957 US



01062008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 20-4246112 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 RITTER, KEVIN F
 2003 NE DIXIE HIGHWAY
 JENSEN BEACH, FL 34957

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000873257
 04/10/08-80070-020 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	RITTER, KEVIN F
STREET ADDRESS	2003 NE DIXIE HIGHWAY
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	MGRM
NAME	SINKOWSKI-RITTER, JANET
STREET ADDRESS	2003 NE DIXIE HIGHWAY
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE **KEVIN F RITTER** **3/25/08** **772-225-1959**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #