

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000023043

Entity Name: SHORINKAN DOJO, LLC

FILED  
Apr 29, 2008  
Secretary of State

## Current Principal Place of Business:

2427 NW 8TH PLACE  
CAPE CORAL, FL 339938604 US

## New Principal Place of Business:

3049 CLEVELAND AVENUE  
250J  
FORT MYERS, FL 33901 US

## Current Mailing Address:

2427 NW 8TH PLACE  
CAPE CORAL, FL 339938604 US

## New Mailing Address:

3049 CLEVELAND AVENUE  
250J  
FORT MYERS, FL 33901 US

FEI Number: 26-2509458

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PHILIZAIRE, J. ROMEL  
8711 WESLEYAN DRIVE  
1017  
FORT MYERS, FL 33919 US

## Name and Address of New Registered Agent:

PHILIZAIRE, J. ROMEL  
3049 CLEVELAND AVENUE  
250J  
FORT MYERS, FL 33901 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:

04/29/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: PHILIZAIRE, J. ROMEL  
Address: 8711 WESLEYAN DRIVE, SUITE 1017  
City-St-Zip: FORT MYERS, FL 33919 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: PHILIZAIRE, J. ROMEL  
Address: 3049 CLEVELAND AVENUE, SUITE 250J  
City-St-Zip: FORT MYERS, FL 33901 US

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: J. ROMEL PHILIZAIRE

MGR

04/29/2008

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