


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90046 037 \*\*\*143.75

**DOCUMENT # L07000101616**

1. Entity Name  
**BLUE STAR DRAGON MARTIAL ARTS, LLC**



Principal Place of Business  
**358 TERRANOVA BLVD.  
 WINTER HAVEN, FL 33884**

Mailing Address  
**358 TERRANOVA BLVD.  
 WINTER HAVEN, FL 33884**

2. Principal Place of Business - No P.O. Box #  
**16 LAKE HAMILTON BLVD**

3. Mailing Address  
**SAME AS ABOVE**


Suite, Apt. #, etc.

City & State  
**WINTER HAVEN, FL**

City & State

Zip  
**33881**

Country  
**U.S.A.**



01132008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**26-1338396**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BRECKINRIDGE, LEZA E  
 358 TERRANOVA BLVD.  
 WINTER HAVEN, FL 33884**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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  **L.E. BRECKINRIDGE - MANAGER** DATE **1/26/08**


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**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRECKINRIDGE, LEZA E 358 TERRANOVA BLVD. WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **L.E. BRECKINRIDGE - MANAGER** Date **1/26/08** Daytime Phone # **(863) 604-6481**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE