

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000128117

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: FLORIDA AIKIDO CENTER, LLC

**Current Principal Place of Business:**

10200 N. ARMENIA AVE.  
# 1003  
TAMPA, FL 33612

**New Principal Place of Business:**

4405 W. SOUTH AVENUE  
# D  
TAMPA, FL 33614

**Current Mailing Address:**

10200 N. ARMENIA AVE.  
# 1003  
TAMPA, FL 33612

**New Mailing Address:**

305 S. EDGEWATER DR.  
PLANT CITY, FL 33565

FEI Number: 45-0584064

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOCCOLUCCI, CHRISTINA M  
305 SOUTH EDGEWATER DRIVE  
PLANT CITY, FL 33565 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BOCCOLUCCI, GINA L  
Address: 10200 N. ARMENIA AVE., # 1003  
City-St-Zip: TAMPA, FL 33612

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BOCCOLUCCI, GINA L  
Address: 305 S. EDGEWATER DR.  
City-St-Zip: TAMPA, FL 33565

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: GINA L. BOCCOLUCCI

MGR

03/20/2009

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