2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 12, 2007
Secretary of State

DOCUMENT# L01000007077

Entity Name: OVIDE DECROLY EDUCATIONAL CENTER, L.L.C.

Current Principal Place of Business:

18851 NE 29TH AV
SUITE 900
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

18851 NE 29TH AV
SUITE 900
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 65-1100638 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ROTH, LEONARDO A
18851 NE 29TH AVENUE
STE 900
AVENTURA, FL 33180 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:	MGRM	( ) Delete
Name:	CALLEROS GONZALEZ, ENRIQUETA	
Address:	18851 NE 29TH AVE, SUITE 900	
City-St-Zip:	AVENTURA, FL 33180	
Title:	MGRM	( ) Delete
Name:	MATUS CALLEROS, CLAUDIA	
Address:	18851 NE 29TH AVE, SUITE 900	
City-St-Zip:	AVENTURA, FL 33180	
Title:	MGRM	( ) Delete
Name:	MATUS CALLEROS, ALEJANDRA	
Address:	18851 NE 29TH AVE, SUITE 900	
City-St-Zip:	AVENTURA, FL 33180	
Title:	MGRM	( ) Delete
Name:	MATUS, EILEEN	
Address:	18851 NE 29TH AVE, SUITE 900	
City-St-Zip:	AVENTURA, FL 33180	
Title:	MGRM	( ) Delete
Name:	MATUS CALLEROS, FABIOLA	
Address:	18851 NE 29TH AVE, SUITE 900	
City-St-Zip:	AVENTURA, FL 33180	
Title:	MGRM	( ) Delete
Name:	MATUS CALLEROS, LUCIANO	
Address:	18851 NE 29TH AVE, SUITE 900	
City-St-Zip:	AVENTURA, FL 33180	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: CALLEROS GONZALEZ, ENRIQUETA MGRM 06/12/2007

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