

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 25, 2005  
Secretary of State**

DOCUMENT# L02000007564

Entity Name: THE ADVISORY BOARD LLC

**Current Principal Place of Business:**

328 SECOND STREET SOUTH  
SAFETY HARBOR, FL 34695

**New Principal Place of Business:**

**Current Mailing Address:**

328 SECOND STREET SOUTH  
SAFETY HARBOR, FL 34695

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

ABRAHAMSON, LEE M  
328 SECOND STREET SOUTH  
SAFETY HARBOR, FL 34695    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/MEMBERS:**

Title:                      MGRM                      ( ) Delete  
Name:                      ABRAHAMSON, LEE M  
Address:                      328 SECOND STREET SOUTH  
City-St-Zip:                      SAFETY HARBOR, FL 34695

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LEE M. ABRAHAMSON                      MGMR                      04/25/2005

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