

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011164

Entity Name: COLLEGE READY, LLC

FILED  
Apr 29, 2008  
Secretary of State

**Current Principal Place of Business:**

4020 NORTHWEST 190TH STREET  
MIAMI, FL 33055

**New Principal Place of Business:**

**Current Mailing Address:**

4020 NORTHWEST 190TH STREET  
MIAMI, FL 33055

**New Mailing Address:**

FEI Number: 56-2346949

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

TOWNSEL, MICHAEL E PH.D.  
4020 NORTHWEST 190TH STREET  
MIAMI, FL 33055 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: TOWNSEL, MICHAEL E  
Address: 4020 NORTHWEST 190TH STREET  
City-St-Zip: MIAMI, FL 33055

Title: MGRM ( ) Delete  
Name: TOWNSEL, MICHELLE F  
Address: 4020 NORTHWEST 190TH STREET  
City-St-Zip: MIAMI, FL 33055

Title: MGRM (X) Delete  
Name: STOKES, CAROLINE  
Address: 1700 NW 67TH AVENUE #212  
City-St-Zip: MIAMI, FL 33015

**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:

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: MICHAEL TOWNSEL

MGRM

04/29/2008

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