

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000007191

FILED
Mar 20, 2008
Secretary of State

Entity Name: CUTSTONE LEARNING LLC

Current Principal Place of Business:

4465 WEST GANDY BLVD.
SUITE 200
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

4465 WEST GANDY BLVD.
SUITE 200
TAMPA, FL 33611

New Mailing Address:

FEI Number: 59-3814162 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIGNARDI, SHARON C
4741 LONDALE CIRCLE
ORLANDO, FL 32817 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: KOPCZYNSKI, MEDARD K
Address: 10151 UNIVERSITY BLVD. #195
City-St-Zip: ORLANDO, FL 32817

Title: MGRM () Delete
Name: ARNOLD, DAVID G
Address: 4465 WEST GANDY BLVD., SUITE 200
City-St-Zip: TAMPA, FL 33611

Title: MGRM () Delete
Name: MIGNARDI, SHARON C
Address: 10151 UNIVERSITY BLVD., #195
City-St-Zip: ORLANDO, FL 32817

Title: MGRM () Delete
Name: MAY, RONALD S
Address: 4465 WEST GANDY BLVD., SUITE 200
City-St-Zip: TAMPA, FL 33611

Title: MGRM () Delete
Name: GALVANEK, CHRISTOPHER L
Address: 4465 WEST GANDY BLVD., SUITE 200
City-St-Zip: TAMPA, FL 33611

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:

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: DAVID ARNOLD

MGRM

03/20/2008

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