

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000007191

FILED  
Apr 21, 2009  
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:

405 S. DALE MABRY HWY.  
SUITE 379  
TAMPA, FL 33609 US

## Current Mailing Address:

4465 WEST GANDY BLVD.  
SUITE 200  
TAMPA, FL 33611

## New Mailing Address:

405 S. DALE MABRY HWY.  
SUITE 379  
TAMPA, FL 33609 US

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: MGRM (X) Change ( ) Addition  
Name: ARNOLD, DAVID G  
Address: 408 GAMBIT CIRCLE  
City-St-Zip: WAKE FOREST, NC 27587

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

VP

04/21/2009

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