2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000051657

Entity Name: KIP SIU LLC

City-St-Zip:

FILED May 16, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 200 SOUTH BISCAYNE BOULEVARD 300 EAST BAY DRIVE 4000 LARGO, FL 33770 MIAMI, FL 33131 **New Mailing Address: Current Mailing Address:** 200 SOUTH BISCAYNE BOULEVARD 300 EAST BAY DRIVE 4000 LARGO, FL 33770 US MIAMI, FL 33131 US FEI Number: 26-0176387 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: Name and Address of New Registered Agent: PENINSULA REGISTERED AGENTS, INC. CT CORPORATION SYSTEM 200 SOUTH BISCAYNE BOULEVARD 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 4000 MIAMI, FL 33131 US 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: GIL APELIS, ASSISTANT SECRETARY 05/16/2008 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change (X) Addition () Delete KNOWLEDGE INVESTMENT, PARTNERS EDUC A TION FU Name: Name: Address: Address: 23240 CHAGRIN BOULEVARD City-St-Zip: City-St-Zip: BEACHWOOD, OH 44122 Title: Title: () Change (X) Addition () Delete Name: Name: KIP SCHILLER INVESTM, ENT PARTNERS, L.P. Address: Address: 23240 CHAGRIN BOULEVARD City-St-Zip: City-St-Zip: BEACHWOOD, OH 44122 Title: () Delete Title: MGMR () Change (X) Addition SCHILLER INTERNATION, AL UNIVERSITY, INC. Name: Name: 300 EAST BAY DRIVE Address: Address: City-St-Zip: City-St-Zip: LARGO, FL 33770 Title: () Delete Title: MGMR () Change (X) Addition SCHILLER INTERNATION, AL UNIVERSITY - UNIVER Name: Name: Address: Address: 300 EAST BAY DRIVE City-St-Zip: City-St-Zip: LARGO, FL 33770 Title: () Delete Title: MGMR () Change (X) Addition HOERNECKE, LUTZ Name: Name: 100 NORTH TAMPS STREET Address: Address:

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.

City-St-Zip:

TAMPA, FL 33602

SIGNATURE: ROBERT C DAUGHERTY MGRM 05/16/2008