

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000105300

FILED
May 02, 2008
Secretary of State

Entity Name: MATTHEWS EDUCATIONAL CONSULTANTS LLC

Current Principal Place of Business:

14259 PABLO WOODS LANE
JACKSONVILLE, FL 32224

New Principal Place of Business:

14286-19 BEACH BLVD
393
JACKSONVILLE, FL 32224

Current Mailing Address:

14259 PABLO WOODS LANE
JACKSONVILLE, FL 32224

New Mailing Address:

14286-19 BEACH BLVD
393
JACKSONVILLE, FL 32250

FEI Number: 20-4425652 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:

MATTHEWS, GRAEME D
14259 PABLO WOODS LANE
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

MATTHEWS, GRAEME D
14286-19 BEACH BLVD
393
JACKSONVILLE, FL 32250 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: GRAEME D. MATTHEWS

05/02/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MATTHEWS, GRAEME D
Address: 14259 PABLO WOODS LANE
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MATTHEWS, GRAEME D
Address: 14286-19 BEACH BLVD
City-St-Zip: JACKSONVILLE, FL 32250

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: GRAEME D. MATTHEWS

MGR

05/02/2008

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