


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90031 004 ***138.75

DOCUMENT # L03000029831 1. Entity Name SCHOOL DEVELOPMENT HC LLC	
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Principal Place of Business C/O IGNACIO G. ZULUETA, ESQ. 6255 BIRD ROAD MIAMI, FL 33155	Mailing Address C/O IGNACIO G. ZULUETA, ESQ. 6255 BIRD ROAD MIAMI, FL 33155
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60029473



2. Principal Place of Business - No P.O. Box # 6361 Sunset Dr Suite, Apt. #, etc.	3. Mailing Address 6361 Sunset Dr Suite, Apt. #, etc.
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04032008 Chg-LLC CR2E083 (12/06)

City & State Miami, FL	City & State Miami, FL	4. FEI Number 90-0135213	Applied For <input type="checkbox"/> Not Applicable
Zip 33143	Country	Zip 33143	Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC 1500 SAN REMO AVE SUITE 125 CORAL GABLES, FL 33146	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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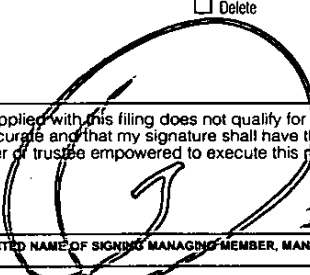
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State.
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR ZULVETA, IGNACIO <input type="checkbox"/> Delete	TITLE	ZULUETA, IGNACIO G <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZULVETA, IGNACIO	NAME	ZULUETA, IGNACIO G
STREET ADDRESS	6255 BIRD ROAD	STREET ADDRESS	6361 Sunset Dr
CITY-ST-ZIP	MIAMI, FL 33155	CITY-ST-ZIP	Miami, FL 33143
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  **Ignacio G. Zulueta** **4/21/08** **305-669-2906**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #