

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000004207

FILED
Apr 11, 2009
Secretary of State

Entity Name: K12 FLORIDA L.L.C.

Current Principal Place of Business:

2300 CORPORATE PARK DRIVE
200
HERNDON, VA 20171

New Principal Place of Business:

8000 WESTPARK DRIVE, STE. 500
MCLEAN, VA 22102

Current Mailing Address:

2300 CORPORATE PARK DRIVE
200
HERNDON, VA 20171

New Mailing Address:

8000 WESTPARK DRIVE, STE. 500
MCLEAN, VA 22102

FEI Number: 02-0703223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: K12 MANAGEMENT INC.
Address: 2300 CORPORATE PARK DRIVE, SUITE 200
City-St-Zip: HERNDON, VA 20171

Title: SVP (X) Delete
Name: DAVIS, BRUCE SVP
Address: 2300 CORPORATE PARK DRIVE, SUITE 200
City-St-Zip: HERNDON, VA 20171

Title: TRES (X) Delete
Name: JOHN, BAULE TRES.
Address: 2300 CORPORATE PARK DRIVE, SUITE 200
City-St-Zip: HERNDON, VA 20171

Title: SEC. (X) Delete
Name: POLSKY, HOWARD SEC
Address: 2300 CORPORATE PARK DRIVE, SUITE 200
City-St-Zip: HERNDON, VA 20171

Title: SVP (X) Delete
Name: ZOGBY, CHARLES SVP
Address: 2300 CORPORATE PARK DRIVE, SUITE 200
City-St-Zip: HERNDON, VA 20171

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: K12 MANAGEMENT INC.
Address: 8000 WESTPARK DRIVE, STE. 500
City-St-Zip: MCLEAN, VA 22102

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
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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: JANE LOUIS

POA

04/11/2009

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