

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000014810

FILED  
Jan 19, 2011  
Secretary of State

**Entity Name:** FLORIDA SCHOOL PROPERTIES, LLC

**Current Principal Place of Business:**

100 S.E. SECOND STREET SUITE 2900  
C/O BERMAN RENNERT VOGEL & MANDLER, P.A.  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

100 S.E. SECOND STREET SUITE 2900  
C/O BERMAN RENNERT VOGEL & MANDLER, P.A.  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** 26-4459108

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REGISTERED AGENTS OF FLORIDA, LLC  
100 S.E. SECOND STREET  
SUITE 2900  
MIAMI, FL 33131 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  
Name: STRADER, MICHAEL  
Address: 4301 N UNIVERSITY DR STE C-201  
City-St-Zip: SUNRISE, FL 33351

Title: MGRM  
Name: BUILDING HOPE  
Address: 910 17TH ST TSE 1100  
City-St-Zip: WASHINGTON, DC 20006

Title: MGRM  
Name: JORDAN, MARK  
Address: 601 VINING ST  
City-St-Zip: PLANT CITY, FL 33563

Title: MGRM  
Name: TATUM, JAMES  
Address: 2810 BARRET AVE  
City-St-Zip: PLANT CITY, FL 33566

Title: MGRM  
Name: PARKE, AMY  
Address: 11806 SW 42 CT  
City-St-Zip: DAVIE, FL 33330

I hereby 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: MICHAEL STRADER

MGRM

01/19/2011

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