

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000011803

FILED
Jul 03, 2007
Secretary of State

Entity Name: QUALITY EDUCATION ASSOCIATES, LLC

Current Principal Place of Business:

17581 STERLING LAKE DRIVE
FORT MYERS, FL 33912

New Principal Place of Business:

17581 STERLING LAKE DRIVE
FORT MYERS, FL 33967

Current Mailing Address:

17581 STERLING LAKE DRIVE
FORT MYERS, FL 33912

New Mailing Address:

17581 STERLING LAKE DRIVE
FORT MYERS, FL 33967

FEI Number: 84-1293857 **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:

BYRNES, MARGARET A
17581 STERLING LAKE DRIVE
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

BYRNES, MARGARET A
17581 STERLING LAKE DRIVE
FORT MYERS, FL 33967 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: _____

07/03/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BYRNES, MARGARET A
Address: 17581 STERLING LAKE DR
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BYRNES, MARGARET A
Address: 17581 STERLING LAKE DR
City-St-Zip: FORT MYERS, FL 33967

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: MARGARET A. BYRNES

MGR.

07/03/2007

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