

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Feb 10, 2006
Secretary of State

DOCUMENT# L01000002598

Entity Name: CA CORAL SPRINGS LLC

Current Principal Place of Business:

C/O CHANCELLOR BEACON ACADEMIES, INC.
3250 MARY ST., STE. 202
COCONUT GROVE, FL 331335232

New Principal Place of Business:

C/O IMAGINE SCHOOLS
3250 MARY ST., STE. 202
COCONUT GROVE, FL 331335232

Current Mailing Address:

C/O CHANCELLOR BEACON ACADEMIES, INC.
3250 MARY ST., STE. 202 - LESLIE PEÑA
COCONUT GROVE, FL 331335232

New Mailing Address:

C/O IMAGINE SCHOOLS
1005 N GLEBE ROAD SUITE 610
ARLINGTON, VA 22201

FEI Number: 65-0962483 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: JEANINE REYNOLDS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: CHANCELLOR BEACON AC, ADEMIES, INC.
Address: 3250 MARY STREET, SUITE 202
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR (X) Change () Addition
Name: IMAGINE SCHOOLS, INC.
Address: 1005 N GLEBE ROAD, STE 610
City-St-Zip: ARLINGTON, VA 22201

I hereby certify that the information supplied with this filing does not qualify for the 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: RENEE GERBER

ASST

02/10/2006

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