2004 LIMITED LIABILITY COMPANY

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ANNUAL REPORT

DOCUMENT # L01000005238 DPHDS JEWISH COMMUNITY HIGH SCHOOL, LLC Principal Place of Business Mailing Address 6511 WEST SUNRISE BLVD. 6511 WEST SUNRISE BLVD. SUNRISE, FL 33313 SUNRISE, FL 33313 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162004 CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 65-1102456 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FEINSTEIN, MARVIN 720 CONCHSHELL WAY Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 Zip Code FI 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State - - ... - MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGR: * ::: '*:: ' NAME TO S TITLE Change Addition GOBER, DEBBIE STREET ADDRESS 9500 NW 44TH PLACE STREET ADDRESS CITY-ST-ZIP CORAL-SPRINGS, FLy33065 - 3 - 66 -CITY-ST-ZIP+C 0 righap in tions a palea Sur usa. ROLL TO ENSOR OF TO A THILE THE COURT i ∃ 🗔 Delete : 🕬 THE 1 PROPERTY AND CHange To Addition NAME ---FEINSTEIN, MARVIN STREET ADDRESS 720 CONCHSHELL WAY STREET ADDRESS CITY-ST-7IP PLANTATION, FL 33324 CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ■ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 11. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 tram 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.