


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # L01000005402 1. Entity Name BRIGHT SKY LEARNING, L.L.C.	
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Principal Place of Business 2 POND'S EDGE DR., P.O. BOX 999 CHADDS FORD, PA 19317	Mailing Address 2 POND'S EDGE DR., P.O. BOX 999 CHADDS FORD, PA 19317
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DO NOT WRITE IN THIS SPACE



03272007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 23-3076447	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MOORE, BRUCE E 2631 MCCORMICK DR, STE 101 CLEARWATER, FL 33759

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

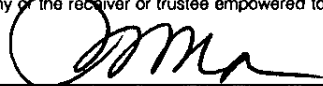
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOORE, BRUCE E 2 POND'S EDGE DRIVE CHADDS FORD, PA 19317
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04/24/07-80140-023 55.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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:  *Bruce E. Moore, Managing Member* **4/2/2007 610-388-9600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #