

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009199

FILED
Jan 28, 2004
Secretary of State

Entity Name: EDUCATIONAL SYMPOSIA , LLC

Current Principal Place of Business:

4515 GEORGE ROAD
SUITE 355
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

4515 GEORGE ROAD
SUITE 355
TAMPA, FL 33634

New Mailing Address:

FEI Number: 03-0404262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUNTER, STEPHEN
4515 GEORGE ROAD
SUITE 355
TAMPA, FL 33634 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/MEMBERS:

Title: MGRM () Delete
Name: LECK, P. JEFFREY
Address: 601 NORTH ASHLEY DRIVE, SUITE 500
City-St-Zip: TAMPA, FL 33602

Title: MGRM () Delete
Name: KIPLEY, JOHN
Address: 601 NORTH ASHLEY DRIVE, SUITE 500
City-St-Zip: TAMPA, FL 33602

Title: MGRM () Delete
Name: HUNTER, STEPHEN
Address: 4515 GEORGE RD STE 355
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LECK, P. JEFFREY
Address: 101 EAST KENNEDY, SUITE 3925
City-St-Zip: TAMPA, FL 33602

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEPHEN HUNTER

CEO

01/28/2004

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