2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State
04-28-2006 90010 015 ****50.00

DOCUMENT # L01000010360

1. Entity Name
SCHOOL DEVELOPMENT LLC

Principal Place of Business	Mailing Address
C/O IGNACIO G. ZULUETA, ESQ. 6255 BIRD RD. MIAMI, FL 33155	C/O IGNACIO G. ZULUETA, ESQ. 6255 BIRD RD. MIAMI, FL 33155

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #. etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip	Country

04182006   Chg-LLC   CR2E083 (11/05)

4. FEI Number
65-1125421

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

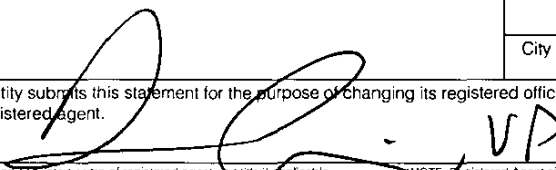| 6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ZULUETA, IGNACIO G ESQ. 6255 BIRD RD. MIAMI, FL 33155	Name ATRIUM REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 1500 SAN REMO AVENUE SUITE 125 City CORAL GABLES FL Zip Code 33146

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 _____ VP   4/25/06
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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME ZULUETA, IGNACIO G STREET ADDRESS 6255 BIRD ROAD CITY-ST-ZIP MIAMI, FL 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _Ignacio G. Zulueta, MGR_ 4/20/06 (305) 669-2906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #