

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000013054

**FILED**  
**Sep 09, 2008**  
**Secretary of State**

**Entity Name:** LINCOLN-MARTI SCHOOLS, L.L.C.

**Current Principal Place of Business:**

904 S.W. 23 AVENUE  
MIAMI, FL 33135

**New Principal Place of Business:**

2700 SW 8 ST  
MIAMI, FL 33135

**Current Mailing Address:**

904 S.W. 23 AVENUE  
MIAMI, FL 33135

**New Mailing Address:**

2700 SW 8 ST  
MIAMI, FL 33135

**FEI Number:** 65-1130826      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

DEMETRIO J. PEREZ & ASSOCIATES, P.A.  
904 S.W. 23 AVENUE  
MIAMI, FL 33135    US

**Name and Address of New Registered Agent:**

DEMETRIO J. PEREZ & ASSOCIATES, P.A.  
2700 SW 8 ST  
MIAMI, FL 33135    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: DEMETRIO PEREZ

09/09/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM    ( ) Delete  
Name: PEREZ, DEMETRIO  
Address: 904 SW 23 AVE  
City-St-Zip: MIAMI, FL 33135

**ADDITIONS/CHANGES:**

Title: MGRM    (X) Change    ( ) Addition  
Name: PEREZ, DEMETRIO  
Address: 2700 SW 8 ST  
City-St-Zip: MIAMI, FL 33135

I hereby certify that the information supplied with this filing does not qualify 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: DEMETRIO PEREZ

MGRM

09/09/2008

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