


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 14, 2004 8:00 am
Secretary of State

09-14-2004 90067 003 ****50.00

DOCUMENT # L01000021420					
1. Entity Name BAYARD RUSTIN CHARTER SCHOOL, LLC					
Principal Place of Business 2200 BISCAYNE BLVD. MIAMI, FL 33137			Mailing Address 2200 BISCAYNE BLVD. MIAMI, FL 33137		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	09092004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 13-3915075				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Name NRAI SERVICES INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE CD	NAME SCHMIDT, BENNO C JR.		<input checked="" type="checkbox"/> Delete	TITLE 	NAME
STREET ADDRESS 521 FIFTH AVENUE	CITY-ST-ZIP NEW YORK, NY 10175		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Dir Christopher Cery 521 F. Ave N.Y. NY 10175	
TITLE PCEO	NAME WHITTLE, H. CHRISTOPHER		<input checked="" type="checkbox"/> Delete	TITLE 	NAME
STREET ADDRESS 521 FIFTH AVENUE	CITY-ST-ZIP NEW YORK, NY 10175		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE S	NAME ESBAUGH, LAURA K		<input type="checkbox"/> Delete	TITLE 	NAME
STREET ADDRESS 550 MAIN STREET, SUITE 366	CITY-ST-ZIP KNOXVILLE, TN 37902		<input type="checkbox"/> Change <input type="checkbox"/> Addition	800 Bay Street	
TITLE CFO	NAME FEILD, ADAM		<input checked="" type="checkbox"/> Delete	TITLE 	NAME
STREET ADDRESS 521 FIFTH AVENUE	CITY-ST-ZIP NEW YORK, NY 10175		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE V	NAME CHUBB, JOHN		<input checked="" type="checkbox"/> Delete	TITLE 	NAME
STREET ADDRESS 521 FIFTH AVENUE	CITY-ST-ZIP NEW YORK, NY 10175		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE GC	NAME GRAFF, DAVID A		<input type="checkbox"/> Delete	TITLE 	NAME
STREET ADDRESS 521 FIFTH AVENUE	CITY-ST-ZIP NEW YORK, NY 10175		<input type="checkbox"/> Change <input type="checkbox"/> Addition	President/Director	
11. I hereby certify that the information supplied with this filing 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 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: _____ (aia) 419-1703					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					