2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004039

Entity Name: OAK SCHOLAR OF BROWARD, L.L.C.

Apr 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6035 SW 88 CT 6035 SW 88 CT

MIAMI, FL 33173 MIAMI, FL 33173 US

Current Mailing Address: New Mailing Address:

2121 PONCE DE LEON BLVD. 2121 PONCE DE LEON BLVD. SUITE 240 SUITE 240

CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

US

FEI Number: 02-0549629 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PRATS FERANDEZ & CO, PA. 2121 PONCE DE LEON BLVD. SUITE 240 CORAL GABLES, FL 33134 US

MANAGING MEMBERS/MANAGERS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES:

Title: (X) Change () Addition () Delete

HORMAZABAL, HUGO HORMAZABAL, HUGO Name: Name: 6035 SW 88 CT Address: 6035 SW 88 CT Address: City-St-Zip: MIAMI, FL 33173 City-St-Zip: MIAMI, FL 33173 US

Title: SD () Delete Title: (X) Change () Addition CALDERON, GLADYS Name: CALDERON, GLADYS Name: Address: 6035 SW 88 CT Address: 6035 SW 88 CT City-St-Zip: MIAMI, FL 33173 City-St-Zip: MIAMI, FL 33173 US

Title: () Delete Title: (X) Change () Addition

HORMAZABAL, GLADYS HORMAZABAL, GLADYS Name: Name: 6035 SW 88 CT Address: Address: 6035 SW 88 CT

City-St-Zip: MIAMI, FL 33173 City-St-Zip: MIAMI, FL 33173 US

() Delete Title: DT Title: DT (X) Change () Addition

HORMAZABAL, HUGO M Name: Name: HORMAZABAL, HUGO M 6035 SW 88 CT Address: 6035 SW 88 CT Address: City-St-Zip: MIAMI, FL 33173 City-St-Zip: MIAMI, FL 33173 US

Title: () Delete Title: (X) Change () Addition

HORMAZABAL, PAMELA HORMAZABAL, PAMELA Name: Name: 6035 SW 88 CT 6035 SW 88 CT Address: Address: MIAMI, FL 33173 US City-St-Zip: MIAMI, FL 33173 City-St-Zip:

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: HUGO HORMAZABAL 04/17/2009